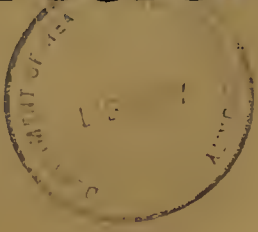


I

annual health report



67

**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1967 FOR THE BOROUGH
OF SCUNTHORPE IN THE COUNTY OF LINCOLN PARTS
OF LINDSEY**



**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1967 FOR THE BOROUGH
OF SCUNTHORPE IN THE COUNTY OF LINCOLN PARTS
OF LINDSEY**

OBITUARY

It is with the utmost regret that I note the untimely death of Dr. R. A. J. Stanford. Dr. Stanford has, for very many years, been the most widely known general practitioner in Scunthorpe. He has been an ambassador of good will and favourable publicity for Scunthorpe, in many spheres for many years. He was your part time deputy Medical Officer of Health up till last year, when the post became unnecessary, with the appointment of a full time senior Medical Officer, but continued to serve the Borough as a co-opted member of the Health and Welfare Committee. I very much miss his cheerful personality.

MAY HE REST IN PEACE

1967

BOROUGH OF SCUNTHORPE

(Mayor - Councillor Dennis Adamson J.P.)

PUBLIC HEALTH COMMITTEE

Chairman - Councillor O. Duffelen

Vice-Chairman - Councillor J.P. Beverley

Alderman Mrs. A. Eyre
Alderman C. Newlove
Alderman Mrs. V. Wilmshurst
Councillor Mrs. J. M. Abey
Councillor C. Clark
Councillor Mrs. A. Cropper
Councillor L. Foster
Councillor L. Hornsby J.P.
Councillor Mrs. B. P. Martin
Councillor C. Nottingham
Councillor J. A. Sturman
Councillor A. G. Wilson

Co-opted Members - Dr. Foxton

Dr. R. Stanford (died 7.5.67.)

Health Sub-Committee

Chairman, Vice-Chairman, Aldermen Newlove, Spencer
and Mrs. Wilmshurst, Councillors Mrs. Cropper, Foster,
Nottingham and Sturman.

PUBLIC HEALTH DEPARTMENT

Telephone No.
3463 (Internal
Exchange)

Comforts Avenue,
Scunthorpe, Lincs

Medical Officer of Health and Medical Referee to the Borough Crematorium
S. CHILDS, M.A., M.B., Ch.B., D.P.H., D.T.M. AND H., D.P.A.
(Home Telephone No. 3867)

Senior Assistant Medical Officer of Health and Deputy Medical Referee to
the Borough Crematorium -

DR. N. D. PATON, M.B., Ch.B., D.P.H., D.T.M. AND H.
(Home Telephone No. 2927)

Chief Public Health Inspector -

GEORGE O. ALLEN, F.A.P.H.I., M. Inst. P.C., Cert. Meat Insp.
(Home Telephone No. 5685)

Deputy Chief Public Health Inspector -

LEONARD J. HOWSON, A.R.S.H., M.A.P.H.I., Cert. Meat Insp.

Public Health Inspectors - Establishment 4

DONALD B. WHITE, A.R.S.H., M.A.P.H.I., Cert. Meat Insp.
JOHN F. ROBINSON, A.R.S.H., M.A.P.H.I., Cert. Meat Insp.
KENNETH ARTIST, A.R.S.H., M.A.P.H.I., Cert. Meat Insp., Dip. Shops Acts
Admin.
MICHAEL BUTLER, M.A.P.H.I., Dip. P.H.I.E.B., (Appointed 1.8.67.)

Pupil Public Health Inspectors - Establishment 2

ALAN STEWART REED
JOHN ELVIN
MICHAEL BUTLER (Obtained Diploma of P.H.I.E.B. 1.7.67.)

Cleansing Depot Senior Staff

RONALD SYKES
ERIC TILTMAN
HARRY MUMBY
A. EDWARD BURTON
ROBERT SYKES
ALAN CHAMBERLAIN

75 Workmen

Infectious Diseases Nurse

MRS. M. FORD, S.R.N., R.F.N. (Home Telephone No. 4634)

Public Convenience Attendants

12 Whole-time
4 Part-time

Chief Clerk

FREDERICK HENRY, M.R.S.H. (Commenced 28.3.67.)
ALLAN SYLVESTER A.R.S.H. (Resigned 19.2.67.)

Senior Administrative Assistant

ARTHUR G. SIMPSON D.M.A.

Senior Male Clerk

MAURICE L. JONES, A.R.S.H.

Clerical Officer

ROBERT D. J. AUSTEN (Commenced 2.1.67.)

Clerks

MRS. JOAN ARTIST
MISS RUTH BOOTHBY
MRS. CHRISTINE BRATTEN
MRS. DORIS BROCKLESBY
MISS HAZEL COLEMAN
MRS. NANCY GREY
MRS. MOYA HARRIS
MRS. MINNIE HARRISON
MRS. PAMELA KNIGHT
MRS. PEARL MILNER
MISS VALERIE RIPPON (Resigned 31.12.67.)
MRS. CAROL VESSEY
MRS. KATHLEEN WEST (Resigned 3.12.67.)
MISS MARALYN WRIGHT (Appointed 4.12.67.)
MRS. MARY SIDDALL

Smoke Control Assistants

MRS. MARGARET STOTT (Resigned 12.5.67.)
MISS IRENE WALTON

Portuary Assistant

ARTHUR COLE (Commenced 5.6.67.)
CHARLES BURTON (Died 30.4.67.)

DELEGATED HEALTH AND WELFARE SERVICES STAFF

Assistant Medical Officers of Health

DR. J. M. M. O'REGAN, L.R.C.S.I., L.R.C.P.I. (Resigned 31.8.67.)
DR. N. M. LAING, L.R.C.S.I., L.R.C.P.I.
DR. H. L. LAING, L.R.C.S.I., L.R.C.P.I., L.M. ROTUNDA
(Commenced Part-time 8.8.67.)
DR. L. D. SHEARD, M.B., Ch.B. (Commenced Part-time 11.9.67.)
DR. S. SIKKA, M.B., B.S. (Commenced Part-time 2.9.66.)
DR. S. MASON (Commenced Part-time 12.1.67.)
(Resigned 19.10.67.)

Area Dental Officers

MRS. M. CLAYTON, L.D.S., B.D.S.
MR. J. L. TRAYNOR, L.D.S., B.Ch.D.

Dental Officer

MR. A. CLARK (Temporary, Commenced 2.6.67)
(Resigned 26.7.67.)

Dental Auxiliary

MISS A. L. ROBINSON
MISS P. A. MASON (Resigned March 1967)
MISS S. M. HOPKINSON (Commenced 4.9.67.)

Dental Surgery Assistants

MISS D. COMMON (Commenced 5.6.67.)
MISS F. GARDNER
MRS. S. ALLINSON
MRS. D. SPENCER
MISS M. BLENDALL (Resigned 26.5.67.)
MRS. R. A. HUBBARD (Resigned 5.5.67.)

Health Visitors (Establishment Whole-time 16)

MISS M. BLACKBOURN, S.R.N., S.C.M., H.V. Cert. Group Advisor (Retired 31.
MISS N. PARRISH, S.R.N., S.C.M., H.V. Cert. Group Advisor
MISS F. B. GISSEL, S.R.N., S.C.M., H.V. Cert. Group Advisor
MRS. H. SHARPLES, S.R.N., S.C.M., H.V. Cert.
MISS W. DAVIS, S.R.N., S.C.M., H.V. Cert.
MRS. G. SUTHERLAND, S.R.N., H.V. Cert. (Commenced 25.9.67.)
MRS. J. O. PACE, S.R.N., S.C.M., H.V. Cert. (Commenced 27.11.67.)
MISS C. JESSOP, S.R.N., S.C.M., H.V. Cert. (Commenced 1.10.67)
MRS. F. O. ROUSE, S.R.N., S.C.M., H.V. Cert. (Part-time)
MRS. P. ELLIOTT, S.R.N., S.C.M., H.V. Cert. (Commenced Part-time 16.10.67)

Superintendent Nursing Officer

MRS. G. F. O'REILLY, S.R.N., S.C.M., R.F.N., Q.N.
(Home Telephone No. Bottesford 661)

Midwives (Establishment 10)

Telephone No.

MRS. K. BEDELLS, S.C.M.		3767
MRS. M. BEVERLEY, S.C.M., S.R.N.	Bottesford	694
MISS B. CARTER, S.C.M. (Retired 31.5.67.)		
MRS. M. CODDINGTON, S.R.N., S.C.M.	Bottesford	327
MRS. F. DENNY, S.C.M.		4465
MRS. C. W. WOOLEN, S.C.M.	Bottesford	585
MRS. R. H. GREEN, S.C.M.		61772
MISS E. POTTER, S.R.N., S.C.M. (Resigned 13.8.67.)		
MRS. J. O'NEILL, S.R.N., S.C.M.		4321
MISS M. FOWLER, S.C.M.		3757

District Nurses (Establishment 16)

Telephone No.

MRS. B. HAWKE, S.E.N.		4954
MRS. P. A. HOUGHTON, S.R.N.		4154
MRS. P. HOWELLS, S.R.N.		
MRS. A. J. LYONS, S.R.N.		61069
MRS. P. LYONS, S.E.N.	Bottesford	243
MRS. M. MAJOR, S.R.N., (Commenced 1.2.67.)		
MRS. J. MARPER, S.R.N.	Scawby	378
MRS. B. PEART, S.R.N., Q.N.		4081
MRS. K. RISPIN, S.R.N., Q.N.		3706
MRS. M. STANILAND, S.R.N. (Retired 3.6.67.)		
MRS. P. STUBBINS, S.R.N. (Resigned 31.10.67.)		
MRS. P. M. OATES, S.R.N.		2750
MRS. J. WOAD, S.R.N., Q.N.		5672
MRS. J. MELNYK, S.R.N., Q.N.	Bottesford	625
MRS. E. KIDDLE, S.R.N., Q.N.		61730
MRS. S. DOWSON, S.C.M. (Part-time)		61403
MRS. M. J. ELLIS, S.R.N.		3626
MRS. E. PRIESTMAN, S.R.N. (Commenced Part-time 17.6.67.) (Commenced Full-time 1.12.67.)		

Bathing Auxiliaries

MRS. D. HAVERCROFT
MRS. B. MORLEY
MRS. O. PORTER
MRS. M. WILLIAMS

Clinic Nurses

MISS D. M. BALE, S.R.N. (Commenced 13.2.67.)
MRS. K. I. McCOURT, S.R.N. (Part-time)
MISS S. E. RANBY, S.R.N. (Commenced 13.2.67. seconded on H.V. Training Course)

Clinic Nurses (Cont'd..)

MRS. G. GALES, S.R.N. (Commenced 31.7.67. seconded to H.V. Training Course)
MRS. E. INGMAN, S.R.N. (Commenced 4.9.67. commenced P.T. 1.12.67.)
MRS. S. CHAKRABARTI, S.R.N. (Part-time)
MISS J. CURTIS, S.R.N.
MRS. E. E. F. HEELIS, S.R.N. (Resigned 1.10.67.)
MRS. J. PLUMTREE, S.R.N. (Commenced Part-time 4.9.67.)
MRS. A. DRINKALL, S.R.N. (Commenced Part-time 4.9.67.)
MRS. E. M. E. LAURENCE, S.R.N. (Commenced Part-time 4.9.67.)

Chiropodists

JAMES GARDNER, L.CH., S.R.CH.
CHARLES WHITTAKER, L.CH., S.R.CH.
GEORGE McALLISTER, L.CH., S.R.CH. (Resigned 31.10.67.)

Physiotherapist

One Vacancy (Part-time)

Senior Welfare Officer

GEOFFERY COWHAM, (Commenced 10.7.67.)

Social Worker/Home Teacher for the Blind

KENNETH H. SMITH

Social Worker for the Physically Handicapped

MISS M. E. GRINDELL

Craft Instructors

MRS. G. BOLT (Commenced Part-time 23.1.67.)
MRS. G. J. CARTER (Commenced 2.10.67.)
BRIAN SERGEANT

Home Help Organiser

MRS. H. LAVERICK (Home Telephone No. 5535)

Home Helps

105

Mental Welfare Officers

EDWARD ARMSTRONG (Seconded on Social Worker Training Course 11.9.67.)
THOMAS B. BATTEN
MISS JOY E. MINNIS
TREVOR BAKER - TEMPORARY (Commenced 1.9.67.)

Welfare Foods Clerk

MRS. J. SAXTON (Part-time) (Resigned 31.8.67.)
MRS. B. CUNNINGHAM (Commenced P.T. 5.9.67.)

School Nurse

MRS. M. WILLSMORE, S.R.N.

Audiometrician

MRS. M. M. O'HARA (Part-time)

Clinic Clerks

MISS M. BURFORD

Vaccination Assistant

MRS. W. J. LOWE, S.R.N.

ANNUAL REPORT 1967

To The Chairman and Members of the Health and Welfare Committee

The year has passed smoothly as usual so far as the Health and Welfare services of the Borough are concerned. As usual a few records were broken. The population of the Borough reached a new peak at 71,010, as did cancer deaths at 131. Deaths from cancer of the lung were also a record at 38, 33 males and 5 females.

The three pictures on the front cover once again relate to new ventures started by the department. The Scunthorpe Lions' Club supplied the finances to buy reflecting arm bands for handicapped persons, who would like to use them and 264 pairs were distributed free. The picture shows the president of the Lions' Club presenting an arm band to one of our deaf citizens. The next picture shows the new Essential Laundry Van. This service started on 1st January and has steadily increased in volume. It is now an accepted part of the department's services for Home Care of Invalids and difficult problems. The third picture is of the new 34 High Street project. This scheme was first outlined in 1963, and was planned to use the first two floors and have storage on the top floor. The scheme has suffered so many obstructions and vicissitudes at both Borough and County level that in its present form it is restricted now to ground floor level only. This is such a drastic curtailment of the scheme that I reported to the Council that instead of pursuing it in its present form the whole scheme should be abandoned. The Health Committee refused to accept this advice and insisted on pushing ahead with the scheme which within its new and very restricted limits is a very resounding success indeed, and has abundantly proved that considerable further provision of accommodation, transport and personnel on the welfare side is an urgent necessity.

The nationalisation of the Iron and Steel industry which took place in July has meant that whereas previously the town was rather over-dependent on the Iron and Steel industry for the employment of its residents, the town is now dependent on a nationalised Iron and Steel industry for the same thing. For those who believe in nationalisation, the future of the town would appear to be more secure than ever, and for those who don't it would appear to be less secure than before, but either way, modern society has tended to develop into areas and units, sometimes quite large units, of specialised labour which handle one particular type of work, and in such cases it is always true that the economic welfare of these units is essentially dependent on the economic welfare of the country as a whole. If the country as a whole remains prosperous, then each unit in it will almost certainly remain reasonably prosperous. If the country as a whole runs into troubled times, then the same will apply to the specialised pockets of labour.

There has been a considerable increase in the rat population of the Rural district around Scunthorpe and this is now beginning to be apparent in the town, so much so that I have suggested to the Chief Public Health Inspector that he pays attention to the problem before it gets beyond his control.

Among the section on reports there is one regarding the re-organisation of the Health and Welfare Department. My final paragraph indicates that the previous high standards of preventive health would be impossible to maintain under the newer arrangements which give the Chief Public Health Inspector power to use his discretion and report to me only what he thinks he should report. That this statement was an accurate forecast of things to come was very soon demonstrated. On August 30th, 1967, the staff of the North Lindsey Water Board reported to the Chief Public Health Inspector that they had broken a sewage pipe, and had contaminated a new water main into a school. The water samples tested were reported as indicating faecal contamination, but the Chief Public Health Inspector did not think that this was important enough to report to me until 12th September. Despite every effort at clearing the pipes unsatisfactory samples continued and the water supply from that main had to be kept from the children for a considerable period, and it was not until December that the tests ceased to show contamination.

The town is not particularly well supplied with public conveniences, and it is hardly in the best interests of health and hygiene that two of them should be closed down. One was closed because of continued acts of destruction to the fittings, and the Committee were faced with the choice of refitting the place at considerable cost or of closing it down. In the present financial climate health and welfare became a secondary consideration, and the convenience was closed.

Fluoridation of water supplies in the area has been approved, and the alterations to the plant and the new apparatus required have been ordered and are at the moment being installed. It is expected that fluoridation will be complete and in operation within the next few months.

The compulsory delegation scheme has now been in operation for several years, and so far as Scunthorpe is concerned this scheme has been worthwhile but the delegation should have been a complete transfer and not delegation. If complete transfer and authority had been handed over to the Borough then the services in both Health and Welfare would have been transformed out of all recognition. As it is the gap between what has been done and what might have been done is getting steadily wider and wider. The Borough services have been hobbled by County regulations and County ignorance of Borough conditions to a frightening extent. The Borough could easily have had its health visiting staff up to quota if it had been permitted to do what it wanted to do and train Health Visitors up to the number of its vacancies, and when the staff establishment was full to train only for replacement purposes. This concept was too much for the County to

understand, and we are still allowed to train only two or as a special favour three Health Visitors a year, and this number just about keeps up with the replacements required. Similarly with other officers, if any are to be trained the County will not allow us to train them. If the Borough recruits a trainee for any post the County insists on making him or her sign an undertaking to work anywhere in the County, and so the Borough loses both ways. On the Welfare side similar problems arise. The County has not yet appreciated that proper care of the various classes of handicapped persons and aged persons requires that good premises be made available, and that transport of these people to and from the centres is essential and lastly that some staff are required when the first two are met. So far the County have helped in supplying only 34 High Street which is a Borough building with two available rooms for the handicapped. They have not agreed to supply transport. What we need now is a purpose built centre for the physically handicapped, another for our psychiatrics and a third for our old people. But these centres should have been provided by the County long before the delegation scheme was thought of, because they are common place services in all County Boroughs.

Last year I noted that the Burghley Road Junior Training Centre should come under the Borough control, under the terms of the compulsory delegation scheme, but that the County Clerk had questioned the legality of the transfer and refused to hand it over. The Borough obtained counsel's advice on this when the Town Clerk advised that the County Clerk was legally wrong. The opinion of Counsel also advised that the County Clerk was legally wrong. The dispute was then referred to the Minister and he also decided in a letter received in August that the County Clerk was legally wrong and directed that the Training Centre must be handed over to the Borough to be used primarily for Borough purposes. It was agreed locally that the transfer take place in April 1968. During the year one of the district midwives who had served the town faithfully and well for many years retired because she was over age. This lady was unfortunate in that she had not been superannuated by the County Council when she first joined the County staff and therefore she had no pension rights whatsoever. The Borough Council approved that she should be given a retirement gratuity, and this was refused by the County Council on several occasions. There would have been no trouble if this lady had been a Borough employee because the Borough does, in fact, accept this responsibility and gives gratuities. The Borough continued to request that some consideration be given to this person's condition, but there appeared to be no hope of success until Alderman Moore of the Borough Council was appointed to the County Council and he took up the case at County level once more. He was successful and the retiring midwife was given her gratuity. The greatest of credit and thanks are due to Alderman Moore for his very sympathetic and very persistent handling of this good cause at County level.

Co-operation with family doctors in the town has been implemented as fully as possible and the general practitioners are showing more appreciation and co-operation with the services offered. The midwives now attend and

assist at the doctors' ante-natal clinics held in the doctors' own surgeries. The district nurses and the doctors have always worked well together and continue to do so. The new geriatric visiting scheme is an attachment scheme with two or three practices sharing a qualified nurse who cares for the old people. This scheme is working well, and has the full support of the vast majority of the doctors. The Health Visitor liaison scheme was started and run successfully until it had to be discontinued because of shortage of Health Visitors. This scheme will be restarted as soon as staff recruitment permits. The three chiropodists co-operate fully with the family doctors. The Mental Welfare Officers co-operate and liaise fully with the doctors and hospital consultants. The general practitioners are also fully aware of the great advantages to be obtained from calling in the Home Help service to assist in appropriate cases. They are also aware of the advantages of our new essential laundry service, and they are now becoming much more aware of the help and assistance which our welfare staff can give in suitable cases.

Co-operation and liaison can however only go as far as the parties are willing to co-operate, and the hospital authorities are not as yet appreciative of the advantages of co-operation. During the past three years the Borough has proposed a scheme for allowing midwives to work in the maternity units, and a detailed scheme is included in this year's reports. A scheme for a form of half-way house as a temporary expedient to get round the problem of lack of geriatric hospital beds was also suggested. The Borough has requested that the hospital vacate the part of the Parkinson Avenue Clinic used for the special treatment centre. All these requests and suggestions have been refused.

The scheme for notification of congenital defects observable at birth is now in full operation and has been so for a year or two. Notification is done on the same card as the birth is notified, and is as fool-proof and complete as it is possible.

The new Family Planning Act and Circulars have laid more responsibility on the Local Authorities who must now ensure that an adequate service is available. The service may be run either directly by the Local Authority or indirectly through the Family Planning Association.

This service has been very efficiently run for years by the Scunthorpe Branch of the F.P.A. and relations between the Branch and the Borough have been most friendly. The sessions are held in the Borough Clinics and this year the clinics have been passed as up to standard for fitting the I.U.D. One doctor is trained in this technique and a weekly clinic for this purpose has been started. The Act and the circulars emphasise the point that Family Planning is a delegated service and under the delegation scheme, all that is necessary is to include in the Borough Estimates a sufficient sum of money to cover the new commitments.

S. CHILDS
Medical Officer of Health

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A LOCAL STATISTICAL INFORMATION

STATISTICS SUMMARISED FOR 1967

Area of the Borough	7,895 acres
Population	71,010
Population increase	30
Number of Inhabited Houses	22,099
Density of Population per acre.	8.99
Rateable Value	£5,410,633
Product of a Penny Rate	£21,969

Live Births:-

Number (a) Legitimate.M.600 F.550	} 1,277
(b) Illegitimate M.63 F.64	
Rate per 1,000 population	17.98
Illegitimate Live Births per cent of total live births.	9.9

Still Births:-

Number (a) Legitimate M.8 F.8	
(b) Illegitimate M.2 F.3	21
Rate per 1,000 total live and stillbirths	16.2
Total live and stillbirths	1298

Infant Deaths (deaths under one year)	
M.21 F.9	30

Infant Mortality Rates:-

Total infant deaths per 1,000 total live births.	23.49
Legitimate infant deaths per 1,000 legitimate live births	21.74
Illegitimate infant deaths per 1,000 illegitimate live births.	39.37

Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 live births)	13.31
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Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 live births)	9.40
--	------

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths.	25.42
--	-------

Maternal Mortality (including abortion) No. of deaths.	1
Rate per 1,000 total live and stillbirths	0.77

NUMBERS REGISTERED AS UNEMPLOYED AT THE SCUNTHORPE EXCHANGE

The following table gives the monthly average figure of the number of unemployed registered.

	<u>Men</u>	<u>Women</u>	<u>Total</u>
January	695	341	1,036
February	652	366	1,018
March	683	459	1,142
April	710	505	1,215
May	904	548	1,452
June	627	312	939
July	532	281	813
August	640	312	952
September	782	283	1,065
October	764	214	978
November	820	229	1,049
December	985	343	1,328
			<hr/>
		TOTAL	12,987
			<hr/>

NATIONAL HEALTH INSURANCE - NEW CLAIMS

Monthly Totals

January	2,046
February	1,888
March	1,649
April	1,638
May	1,861
June	1,379
July	1,571
August	1,268
September	2,032
October	1,770
November	1,813
December	2,425

VENEREAL DISEASES

The following table shows the number of persons residing in Scunthorpe who attended the clinic during 1967.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Syphilis (early)	-	-	-
Syphilis (latent)	-	1	1
Syphilis (congenital)	-	-	-
Gonorrhoea	16	6	22
Other Conditions	53	17	70
	—	—	—
TOTAL	69	24	93
	—	—	—

WOODLANDS CREMATORIUM 1967

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Cremation of people formerly resident in the Borough	199	109	308
Cremation of people formerly non-resident in the Borough	302	173	475
	<u>501</u>	<u>282</u>	<u>783</u>

PUBLIC MORTUARY

The Borough owns and maintains a public mortuary sited adjacent to the Police Station and Courts. 103 bodies were received during the year and 95 post-mortem examinations were performed.

COMPARATIVE STATISTICS

Year	Population estimate to middle of each year	Area in Acres	Density (persons per acre)	No. of inhabited houses.	Number	Birth Rate per 1,000 population	Number Under 1 year of age.	DEATHS At all ages	Rate per 1,000 population	Notified Infectious Disease	Notifications of Tuberculosis	Deaths from Cancer.	Cancer Death Rate per 1,000 population.	
1921	27,790	7,961	3.49	5,531	906	32.60	77	86.00	308	11.00	391	79	18	.647
1926	32,820	7,961	4.12	6,457	678	20.60	31	45.00	268	8.20	509	81	30	.914
1931	33,990	7,895	4.30	7,548	616	18.10	51	83.00	349	10.20	431	65	34	1.000
1936	38,740	7,895	4.90	9,970	712	18.30	40	56.10	360	9.20	377	83	37	.959
1941	45,840	7,895	5.80	12,450	855	18.65	37	43.07	408	8.90	1,082	59	44	.959
1946	48,960	7,895	6.20	12,558	1,009	20.60	30	29.73	424	8.66	825	77	70	1.429
1951	54,030	7,895	6.84	15,081	1,030	19.06	28	27.16	474	8.77	2,054	49	61	1.129
1952	54,930	7,895	6.97	15,516	1,038	18.91	37	35.61	422	7.68	841	40	80	1.456
1953	55,850	7,895	7.07	16,183	1,060	18.98	23	21.69	484	8.66	905	44	85	1.522
1954	56,520	7,895	7.16	16,777	1,042	18.43	23	22.10	543	8.89	777	43	92	1.627
1955	57,440	7,895	7.27	17,390	997	17.36	23	33.09	468	8.15	1,891	40	87	1.514
1956	58,760	7,895	7.44	17,999	1,093	18.60	29	26.53	496	8.44	1,215	28	70	1.191
1957	59,490	7,895	7.54	18,384	1,154	19.39	28	24.26	517	8.69	769	34	100	1.681
1958	60,700	7,895	7.69	18,783	1,164	19.18	30	25.77	554	9.13	1,635	32	107	1.763
1959	61,840	7,895	7.83	19,208	1,236	19.99	32	25.89	517	8.36	550	22	96	1.552
1960	63,090	7,895	7.99	19,739	1,288	20.42	28	21.74	545	8.64	441	19	101	1.600
1961	66,790	7,895	8.46	20,153	1,351	20.23	38	28.13	591	8.85	1,391	16	102	1.527
1962	68,130	7,895	8.63	20,450	1,445	21.21	37	25.61	570	8.37	447	23	95	1.394
1963	68,890	7,895	8.73	20,899	1,368	19.86	35	25.58	592	8.59	1,570	21	112	1.622
1964	69,600	7,895	8.82	21,082	1,463	21.02	33	22.56	572	8.22	833	19	115	1.652
1965	70,180	7,895	8.89	21,559	1,360	19.38	38	27.94	624	8.89	1,407	21	113	1.610
1966	70,980	7,895	8.99	22,048	1,331	18.75	30	22.54	610	8.59	1,572	15	121	1.70
1967	71,010	7,895	8.99	22,097	1,277	17.98	30	23.49	607	8.55	816	23	131	1.84

POPULATION OF THE BOROUGH

The Registrar General's estimate of the mid year population of the Borough in 1967 was 71,010, an increase of 30 over the mid year population in 1966. As the natural increase in population, the excess of the number of births over that of deaths, was 670 during 1967, the estimated migratory loss is seen to be 640, the highest figure since 1944.

The Standardised Birth Rate, which is the number of births that would take place for every thousand inhabitants if the population of Scunthorpe was structurally identical with the population of England and Wales, was 17.4, compared with 17.2 for the whole country. Over the last four years, though the birth rate for the country has steadily fallen, the standardised birth rate for Scunthorpe has fallen faster, and by next year, if the present rate of fall continues, the standardised birth rate for Scunthorpe will have fallen to the level of that of the rest of the country.

Scunthorpe has, however, a higher proportion of women in the younger and more fertile age groups than the rest of the country, and the actual or crude birth rate, was 17.98 per 1,000 inhabitants.

Of all the children born in Scunthorpe 9.9% were illegitimate, a slightly lower percentage than in 1966, when 10.67% of births were illegitimate.

BIRTHS IN THE BOROUGH OF SCUNTHORPE

Year	Total Births	Recorded Birth rate	Registrar-General's Comparability Factor	Standardised Birth Rate	Rate per 1,000 England & Wales	Rate of local adjusted birth rate to National Rate
1956	1,093	18.60	0.94	17.48	15.7	1.11
1957	1,154	19.39	0.93	18.04	16.1	1.12
1958	1,164	19.18	0.93	17.84	16.4	1.09
1959	1,236	19.99	0.93	18.59	16.5	1.13
1960	1,288	20.42	0.93	18.99	17.1	1.11
1961	1,351	20.23	0.91	18.41	17.4	1.06
1962	1,445	21.21	0.91	19.30	18.0	1.07
1963	1,368	19.68	0.97	19.23	18.2	1.06
1964	1,463	21.02	0.97	20.39	18.4	1.10
1965	1,360	19.38	0.97	18.8	18.0	1.05
1966	1,331	18.75	0.97	18.19	17.7	1.03
1967	1,277	17.98	0.97	17.44	17.2	1.02

Year	Population	Increase of Population over previous year	No. of live births	No. of deaths	Natural increase (births -deaths)	Migratory increase
1921	27,790	-	-	-	-	-
1922	28,530	740	729	278	451	289
1923	29,420	890	725	293	432	458
1924	30,970	1,550	786	324	462	1,088
1925	31,430	460	743	274	469	-9
1926	32,820	1,390	678	268	410	980
1927	33,050	230	606	321	285	-55
1928	31,660	-1,390	648	238	410	-1,800
1929	31,880	220	651	350	301	-81
1930	31,880	0	732	327	405	-405
1931	33,990	2,110	616	349	267	1,843
1932	34,190	200	591	325	266	-66
1933	34,590	400	553	359	194	206
1934	35,710	1,120	591	320	271	849
1935	37,710	2,000	750	340	410	1,590
1936	38,740	1,030	712	360	352	678
1937	40,270	1,530	812	394	418	1,112
1938	42,000	1,730	853	404	449	1,281
1939	43,940	1,940	923	388	535	1,405
1940	45,680	1,740	980	437	471	1,269
1941	45,840	160	855	408	447	-287
1942	44,990	-850	882	391	491	-1,341
1943	44,830	-160	970	389	581	-741
1944	45,750	920	1,098	395	703	217
1945	46,010	260	968	404	564	-304
1946	48,960	2,950	1,009	424	585	2,365
1947	50,220	1,260	1,163	415	748	512
1948	51,100	880	1,088	431	657	223
1949	52,030	930	1,022	445	577	353
1950	54,090	2,060	1,008	444	564	1,496
1951	54,030	-60	1,030	474	556	-616
1952	54,930	900	1,039	422	617	283
1953	55,850	920	1,060	484	576	344
1954	56,520	670	1,042	543	499	171
1955	57,440	920	997	468	529	391
1956	58,760	1,320	1,093	496	597	723
1957	59,490	730	1,154	517	637	93
1958	60,700	1,210	1,164	554	610	600
1959	61,840	1,140	1,236	517	719	421
1960	63,090	1,250	1,288	545	743	507
1961	66,790	3,700	1,351	591	760	2,940
1962	68,130	1,340	1,445	570	875	465
1963	68,890	760	1,368	592	776	-16
1964	69,600	710	1,463	572	891	-181
1965	70,180	580	1,360	624	736	-156
1966	70,980	800	1,331	610	721	-79
1967	71,010	30	1,277	607	670	-640

DEATHS 1967

607 deaths occurred amongst the citizens of Scunthorpe this year, as compared with 610 in 1966, giving a crude or recorded death rate of 8.55 deaths per 1,000 inhabitants, and, when standardising procedure have been carried out, a rate of 12.57 deaths per 1,000 inhabitants, which may be directly compared with the rate for the whole country of 11.2 deaths per 1,000. This ratio is a measure of the average length of life in Scunthorpe. As will be seen, death is slightly more common and thus the average duration of life is slightly shorter, in Scunthorpe than in the country as a whole, but the figures for busy industrial towns are not typical of the country as a whole, and for a busy industrial town, the figures for Scunthorpe are quite satisfactory.

The usual high proportion of male deaths occurred, 60% in all in 1967, as compared with 56% in 1966.

Coronary disease, or angina, or arteriosclerotic heart disease, was the principal cause of death in both men and women, when the causes of deaths are classified under the headings used by the Registrar, accounting for 26% of all male deaths and 19% of all female deaths. This shows a marked rise as compared with 1966, when the figures were 19% and 15% respectively. 23% of all deaths were due to this cause in 1967.

Vascular lesions of the nervous system remained the second most important cause of death in females, accounting for 17% of female deaths, but was displaced from its position as No.2 killer in the case of males - which position it had occupied consistently for the last half a century - by both cancer of the lung and cancer of unspecified areas. In 1966, Vascular lesions of the nervous system; or strokes were considered to be the cause of 16% of the 343 male deaths. In 1967 this cause was said to cause 8% of the 364 male deaths. Statistical swings of this magnitude, in the absence of any apparent alteration in circumstances to account for them, tend to disturb the equanimity of statisticians, engendering dark doubts as to the accuracy of classifying procedures.

If the Registrar General's causes are grouped into categories, the usual order of importance is maintained, with heart disease causing 201 deaths, cancer causing 131, cerebro-vascular disease causing 71, chest trouble 49 and accidents 29.

Seven inhabitants of Scunthorpe were adjudged by the Coroner to have taken their own lives in 1967. There have been 55 cases of suicide in the past ten years, so that there is at present no statistical evidence that the efforts of the local "Good Samaritan" Group, which started in 1964 are having any effect, though, the possibility that there would have been a greater number of suicides if the Samaritans had not started their work cannot be refuted.

Male deaths show a marked tendency to occur earlier than female deaths. At all stages up to the 75 and over range, male deaths outnumber those of females. Only half the males who died in Scunthorpe in 1967 had reached retiring age, as compared with 57% in 1966, but, as in 1966, over two thirds

of the females were 65 or over when they died. 24% of the males were 75 or over at the time of death, but 42% of the females were. Just under 6% of the males had reached the ripe old age of 85, but 13% of the females who died in 1967 had.

As an individual exception to the general rule that male deaths take place earlier, the oldest person to die in 1967 in Scunthorpe was a male centenarian.

DEATHS IN THE BOROUGH OF SCUNTHORPE

Year	Total Deaths	Recorded Death Rate	Registrar- General's Comparability Factor	Standardised Death Rate	Rate per 1,000 (England & Wales)	Ratio of Local adjusted death rate to National rate
1955	468	8.15	1.36	11.08	11.7	0.95
1956	496	8.44	1.48	12.49	11.7	1.07
1957	517	8.69	1.49	12.95	11.5	1.13
1958	554	9.13	1.49	13.60	11.7	1.16
1959	517	8.36	1.49	12.46	11.6	1.07
1960	545	8.64	1.49	12.87	11.5	1.12
1961	591	8.85	1.56	13.81	12.0	1.15
1962	570	8.37	1.56	13.06	11.9	1.10
1963	592	8.59	1.51	12.97	12.2	1.06
1964	572	8.22	1.51	12.41	11.3	1.10
1965	624	8.89	1.48	13.16	11.5	1.14
1966	610	8.59	1.49	12.80	11.7	1.09
1967	607	8.55	1.47	12.57	11.2	1.12

REGISTRAR-GENERAL'S FIGURES FOR CAUSES OF DEATH DURING 1967

<u>Cause No.</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
1. Tuberculosis, respiratory	2	-	2
2. Tuberculosis, other			
3. Syphilitic Disease			
4. Diphtheria			
5. Whooping Cough			
6. Meningococcal Infection			
7. Acute Poliomyelitis			
8. Measles			
9. Other Infective and Parasitic Disease	1	1	2
10. Malignant Neoplasm, Stomach	6	5	11
11. Malignant Neoplasm, Lung, Bronchus	33	5	38
12. Malignant Neoplasm, Breast	-	9	9
13. Malignant Neoplasm, Uterus	-	7	7
14. Other Malignant and Lymphatic Neoplasms	41	25	66
15. Leukemia, Aleukemia	2	3	5
16. Diabetes	4	1	5
17. Vascular Lesions of Central Nervous System	30	41	71
18. Coronary Disease, Angina	96	46	142
19. Hypertension with Heart Disease	8	3	11
20. Other Heart Disease	23	25	48
21. Other Circulatory Disease	14	15	29
22. Influenza	-	-	-
23. Pneumonia	11	8	19
24. Bronchitis	19	6	25
25. Other Disease of Respiratory System	4	1	5
26. Ulcer of Stomach and Duodenum	5	2	7
27. Gastritis, Enteritis and Diarrhoea	4	1	5
28. Nephritis and Nephrosis	4	2	6
29. Hyperplasia of Prostate	1	-	1
30. Pregnancy, Childbirth, Abortion	-	1	1
31. Congenital Malformations	5	2	7
32. Other Defined and Ill-Defined Diseases	29	20	49
33. Motor Vehicle Accidents	9	2	11
34. All Other Accidents	8	10	18
35. Suicide	5	2	7
36. Homicide and Operations of War	-	-	-
TOTAL ALL CAUSES	364	243	607

INFANTS DEATHS

During 1967, thirty infants died before their first birthday, twenty-one boys and nine girls. This is the same number as expired in 1966, but as the birth rate for 1967 was lower, the Infantile Mortality Rate for 1967 is higher than that for 1966, 23.49 deaths per 1,000 live births as compared with 22.54., and as the Infantile Mortality Rate for England and Wales continues steadily to fall, the gap, between the actual Infantile Mortality Rate for Scunthorpe and the figure it should be equal to or better than, widened in 1967. To have had an Infantile Mortality Rate for Scunthorpe in 1967 lower than that of the country as a whole, the deaths of seven infants would have had to be prevented.

Prematurity was the sole cause of death in nine of the seventeen children who died in the first four weeks of life, and was a contributory cause in another two. This is an improvement on 1966, when prematurity was the sole cause in twelve deaths and a subsidiary cause in another five.

Unfortunately the position with regard to broncho-pneumonia showed no improvement; four deaths, as in 1966, occurring from this cause, though the Registrar General shows only three. The fourth child died from a viral broncho-pneumonia which the Registrar General has classified under "Other Infectious and Parasitic Disorders". All these deaths occurred in the post neo-natal period, and it is here, if anywhere that steady improvement should be maintained.

Five deaths were due to congenital abnormalities, compared with two in 1966. Though the treatment of congenital abnormalities steadily improves, their incidence is still largely a matter of chance and outwith medical control.

The most disturbing phenomenon is the context of infant deaths was the rise in accidental deaths, those considered, after due inquiry by the coroner, to be due to mis-adventure. There were six such cases in 1967, compared with three in 1966. In one of these cases the child had vomited and choked itself, but in the other five, an infant, whose previous condition had not given rise to great anxiety, was found dead in the cot, and, in the absence of any indication of another cause, death was attributed to suffocation by a pillow or a cover. Such cases have occasioned considerable research in recent years, and an epidemiological factor has been postulated, such as a very severe and rapidly acting viral infection. But the cases in Scunthorpe, since they occurred in different months, at all seasons and in widely separated areas, give no hint of the existence of such a factor.

The Illegitimate Infant Mortality Rate, the number of illegitimate infants dying per 1,000 illegitimate births, was, at 39.37, almost double the legitimate Infant Mortality Rate of 21.74. Owing to the small numbers involved, however, this is of limited statistical significance.

21 still-births occurred, giving a still-birth rate 16.2 per 1,000 live and still births in Scunthorpe, compared with 14.8 for the country as a whole.

INFANT MORTALITY

The Infant Mortality rate is the number of babies under one year old who die during the year, related to the number of live births in the same year. This year thirty infants died and this gives a mortality rate of 23.49

Number of infants dying in hospital 21
(War Memorial 4, Maternity Home 9, Isolation
Hospital 1, Sheffield Hospitals 4, Beverley
Hospital 2, Grt.Ormond St., Hospital, LONDON, 1)

Number of infants dying at home 9

<u>Year</u>	<u>Actual No.</u>	<u>Scunthorpe</u> <u>Rate</u>	<u>England & Wales</u> <u>Rate</u>
1956	29	26.53	23.8
1957	28	24.56	23.1
1958	30	25.77	22.5
1959	32	25.89	22.2
1960	28	21.74	21.8
1961	38	28.13	21.4
1962	37	25.61	21.7
1963	35	25.58	21.1
1964	33	22.56	19.9
1965	38	27.94	19.0
1966	30	22.54	18.9
1967	30	23.49	18.3

REPORT ON THE INFANT MORTALITY GRAPH

A graph is shown demonstrating the changes in the Infant Mortality Rate for Scunthorpe, as compared with the rest of the country, over the past 47 years.

The main principles of infant care i.e. hygienic feeding, satisfactory housing, and the control of epidemic diseases, had been worked out before the point at which the graphs start. The graphs indicate the steady effect on the I.M.R. of the application of these basic principles by the gradual introduction of health visitors, maternity and child welfare clinics, and the other appurtenances of a modern health service. Social upheavals, due to economic conditions in the late twenties, and the 2nd World War in the early forties, are indicated by merely temporary reversals of the general trend of the graphs, which general trend rapidly re-imposes itself.

The I.M.R.'s of Scunthorpe and the county as a whole have both fallen steadily, though the figures for Scunthorpe lack the statistically stabilising effect of large numbers and have tended to oscillate more than those for England and Wales.

Up to 1954 the general tendency was for the figure for Scunthorpe to be lower than that for England and Wales. In the 30 Years before 1955 Scunthorpe had an I.M.R. lower than the national average on 20 occasions and higher on only 9 occasions, with one 'draw'. In the ten years before 1955 Scunthorpe was lower on 7 occasions, higher on 3. Until the mid-fifties it might truly be said that Scunthorpe's I.M.R. was "better than average" on the average.

But since 1955 Scunthorpe's I.M.R. has only once been below the national average, and on that occasion it was only just below. As Scunthorpe's population has increased the fluctuations of its I.M.R. have, by statistical necessity, decreased. But if the general trend evident statistically in the fluctuations up to 1955 had been maintained Scunthorpe's figures would thereafter have been steadily below the national average. Instead they have been steadily above. It is thus clear that in the fifties some change in the course of development of these factors which control infant mortality took place in Scunthorpe vis-a-vis the rest of the country. This "alteration of course of development" is evident in, and deducible from, that distilled essence of history, a statistical graph. The existence of such a change of course is not a matter for private judgement. In history itself one finds a record of the changes which did take place during the period in question, and there is, of course, a place for private judgement in the assessment of the relative importance of these changes in causing the change in direction of development which is being discussed. But it is certain that some deleterious change took place in the manifold factors governing infant mortality in Scunthorpe in the fifties. The logical alternative, that

some advantageous circumstance occurred at that time in every other part of the country except Scunthorpe, is excluded by the smoothness of the curve for the I.M.R. of England and Wales.

INFANT MORTALITY RATE PER 1000 LIVE BIRTHS

SCUNTHORPE ————

ENGLAND AND WALES ————



COMPARATIVE STATISTICS - INFANT MORTALITY 1920-1967

(See Special Graph)

<u>Year</u>	<u>Scunthorpe</u>	<u>England & Wales</u>	<u>Year</u>	<u>Scunthorpe</u>	<u>England & Wales</u>
1920	101.0	80	1944	31.87	46
21	86.0	83	45	38.22	46
22	94.6	77	46	29.73	43
23	75.8	69	47	30.09	41
24	78.0	75	48	48.71	34
25	74.0	75	49	44.03	32
26	45.0	70	50	28.77	29.8
27	77.0	69	51	27.18	29.6
28	38.6	65	52	35.61	27.6
29	60.0	74	53	21.69	26.8
30	60.0	60	54	22.10	25.4
31	83.0	66	55	33.09	24.9
32	73.0	65	56	26.53	23.7
33	59.0	64	57	24.26	23.1
34	61.0	59	58	25.77	22.6
35	51.0	57	59	25.89	22.2
36	56.1	59	60	21.74	21.9
37	46.8	58	61	28.13	21.6
38	33.9	53	62	25.61	21.6
39	50.92	50	63	25.58	21.1
40	62.84	55	64	22.56	19.9
41	43.07	59	65	27.94	19.0
42	40.81	49	66	22.54	18.9
43	47.42	49	67	23.49	18.3

AGE AND SEX DISTRIBUTION OF CAUSES OF DEATH BY REGISTRAR GENERAL RETURNS OF 36 GROUPS

Cause No.	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95 and over	Total
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
1							1	1				2
9	1											1
10							1	2				1
11						1	8	2	13	2	-	6
12					2	2	2	1	10	2	2	33
13						1	2	1	2	2	2	5
14		1	1	1	1	2	2	11	7	5	1	9
15		1	1		2	2	2	11	4	10	9	41
16							1	3	3	8	1	25
17				2	1	5	4	3	26	3	8	30
18					5	13	3	2	32	22	14	96
19							3	1	4	5	1	46
20					1	3	1	4	6	8	7	23
21							2	3	7	7	1	25
23	3						1	2	6	3	2	14
24						2	1	6	8	2	2	15
25					1	2	6	3	2	3	3	11
26						1	1	1	1	1	1	8
27	1					1	1	1	1	1	1	6
28						1	1	1	1	1	1	6
29				2			1	1	1	1	1	9
30												4
31	4	2			1				1			4
32	9	6	1	1	1	6	4	4	2	1	3	5
33	1	1	1	3	1	1	2	2	1	1	1	29
34	3	5	1	1	2	1	1	1	3	5	2	20
35					1	2	1	1	2	1	1	9
TOTALS	22	14	3	2	6	2	4	3	16	5	46	18
	22	14	3	2	6	2	4	3	16	5	46	18
	14	3	2	6	2	4	3	16	5	46	18	20
	3	2	6	2	4	3	16	5	46	18	20	30
	2	6	2	4	3	16	5	46	18	20	30	1
	6	2	4	3	16	5	46	18	20	30	1	2
	2	4	3	16	5	46	18	20	30	1	2	364
	16	5	46	18	20	30	1	2	364	243		

NEO-NATAL MORTALITY

The Neo-Natal Mortality Rate is the number of babies under four weeks of age who died during the year, related to the number of live births in the same year. This year 17 babies in this age group died, twelve in the first seven days of life.

<u>Year</u>	<u>Actual No.</u>	<u>Scunthorpe</u> <u>Rate</u>	<u>England & Wales</u> <u>Rate</u>
1956	22	20.12	16.8
1957	18	15.59	16.5
1958	22	18.90	16.2
1959	32	16.18	15.9
1960	28	12.42	15.5
1961	25	16.28	15.3
1962	28	19.38	15.1
1963	22	16.08	14.3
1964	21	14.35	13.8
1965	27	19.85	13.0
1966	19	14.27	12.9
1967	17	13.31	12.5

PERINATAL MORTALITY

This is the ratio of the number of deaths in the first week of life, plus the number of stillbirths, to the total number of live and stillbirths expressed as the number per thousand total births.

<u>Year</u>	<u>England</u> <u>& Wales</u>	<u>Scunthorpe</u>	<u>Still</u> <u>Births</u>	<u>Total</u> <u>Perinatal</u> <u>Deaths</u>	<u>Under</u> <u>1 Week</u>
1956	36.7	43.9	30	48	18
1957	36.2	46.7	37	54	17
1958	35.0	3.2	24	43	19
1959	34.1	38.7	29	49	20
1960	32.8	38.5	35	51	16
1961	32.0	46.6	43	65	22
1962	30.8	40.5	34	60	26
1963	29.3	35.1	30	49	19
1964	28.2	23.55	23	35	12
1965	26.9	33.96	24	47	23
1966	26.3	34.56	29	47	18
1967	25.4	25.42	21	33	12

STILLBIRTHS 1967

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Chronic Disease in Mother	0	0	0
Acute Disease in Mother	0	0	0
Diseases and condition of Pregnancy and Childbirth	6	3	9
Absorption of Toxic substance from mother.	0	0	0
Difficulties in Labour	0	1	1
Other causes in Mother, including Rhesus incompatibility	0	2	2
Placental and cord conditions	4	4	8
Birth Injury	0	0	0
Congenital Malformations of foetus	0	0	0
Diseases of foetus and ill- defined causes.	0	1	1
	10	11	21

Cause of Death 1967		SEX		Under 1 day	1 to 7 day	Total Under	1 - 2 Week	2 - 3 Week	3 - 4 Week	Total Under	1 - 3 Month	4 - 6 Month	7 - 9 Month	10 - 12 Month	Total Under	Place of Death			CORONER
																M.H.	Hosp.	Home	
Prematurity	M	2	1	3	2					5					5	3	2		
	F	2	1	3	1					4					4	1	3		
Prematurity with Respiratory distress Syndrome	M	1	1	2						2					2	1	1		
	F																		
Broncho Pneumonia (including Viral Broncho-Pneumonia)	M										1	1			4		2	2	2
	F																		
Congenital Abnormality	M	1	1	2					1	2	2				4	2	2		1
	F									1					1		1		
Birth Injury (Cerebral Haemorrhage)	M		1	1						1					1	1			
	F																		
Accident	M														3			3	3
	F								1	1	1	1			3			3	3
Gastro enteritis	M												1		1			1	1
	F																		
Peritonitis	M														1		1		
	F																		
Totals		6	6	12	3				2	17	7	2	1	3	30	9	12	9	10

CAUSES OF INFANT DEATHS DURING 1967

CANCER

There were one hundred and thirty one deaths from cancer in 1967. This is the highest number ever recorded, and represents a rise in the cancer mortality rate per 1000 inhabitants to a new height. The ratio of deaths due to cancer to deaths from all causes was, alas, the highest ever.

The main increase has been in the case of male deaths from lung cancer, and unfortunately this rise is most noticeable in the younger age groups. Deaths from lung cancer in males below the age of 55 has doubled. Such an increase had of course been forecast by many investigations, if there was not a major change in the smoking habits of the nation. Though doctors themselves, as a group, have reduced their consumption of cigarettes, there has not been any general change of major proportions, and thus events have taken place as prophesied. The fact that this has happened would strengthen the case for a causal connection between smoking and lung cancer, if such a connection were still in doubt.

Cancer of the Uterus also increased in 1967. It is still too early to expect the effects of the Cervical Cytology Service to be statistically evident.

Year	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Stomach	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	TOTAL	Population of Scunthorpe	Cancer fatality rate per 1,000 from Population Causes	Number of deaths due to Cancer	% of deaths due to Cancer
1955	19	4	10	6	48	87	57,440	1.51	468	18.57
1956	20	1	10	3	36	70	58,760	1.19	496	14.11
1957	24	7	15	4	50	100	59,490	1.68	517	19.31
1958	23	2	11	2	69	107	60,700	1.76	554	19.31
1959	22	11	14	5	44	96	61,840	1.55	517	18.57
1960	31	7	9	6	48	101	63,090	1.60	545	18.53
1961	25	4	10	3	60	102	66,790	1.52	591	17.26
1962	26	8	13	6	42	95	68,130	1.39	570	16.67
1963	29	10	13	2	58	112	68,890	1.62	592	18.75
1964	21	10	18	8	58	115	69,600	1.65	572	20.10
1965	30	16	18	1	48	113	70,180	1.61	624	18.11
1966	25	9	16	4	67	121	70,980	1.70	610	19.84
1967	38	9	11	7	66	131	71,101	1.84	607	21.58

AGE AND SEX DISTRIBUTION OF DEATHS FROM CANCER

Age	Malignant Neoplasm, Stomach		Malignant Neoplasm, Lung,		Malignant Neoplasm Breast		Malignant Neoplasm Uterus		Other Malignant and Lymphatic Neoplasms		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
0-24	-	-	-	-	-	-	-	-	2	0	2	-
25-	-	-	-	-	-	-	-	-	1	1	1	1
35-	0	-	1	0	2	2	-	-	2	1	3	3
45-	1	2	8	0	2	1	1	1	2	2	11	7
55-	2	0	13	2	1	5	5	5	11	7	26	15
65-	2	0	10	2	2	0	0	0	11	4	23	8
75-	1	3	1	1	2	1	1	1	12	10	14	17
TOTAL	6	5	33	5	9	7	41	25	80	51		

INFECTIOUS DISEASES

Excluding tuberculosis, 816 cases of notifiable infectious disease were notified to the Health Department during 1967. Cases of notifiable infectious disease discovered during the investigation of notified cases, and cases of non-notifiable infectious disease, bring the total number of known cases of infectious disease in the Borough during the year to 1873.

This represents a considerable fall from 1966 when the figures were 1572 and 2247, but this fall is due mainly to the fact there were only 372 cases of measles this year compared with 1318 in 1966. Whooping cough, Scarlet fever and dysentery all showed a greater number of cases. The number of cases of whooping cough was the highest since 1954. In view of the campaign of immunisation, which has been steadily pursued and well received, with an apparently satisfactory acceptance rate, by the people of Scunthorpe, it is disappointing that there should be this rise, but no anxiety is felt about the situation. Scarlet fever appears, from the figures presented, to be occurring in four-yearly cycles at the present time and as the peak in 1967 was considerably lower than these in 1963 and 1959, there seems no reason to worry here. Dysentery is endemic in Scunthorpe, and the number of cases, 167, is well within the range of incidence that must be expected. At the moment, between 50 and 250 cases of dysentery have to be expected every year.

The other infectious diseases occurred sporadically in Scunthorpe as they usually do. Polio, diphtheria and typhoid fever continued to be conspicuous by their absence. There were two deaths from "Other infectious and parasitic diseases" during the year. One was of an infant with viral broncho-pneumonia, and the other death was from infectious hepatitis, which, like dysentery, appears to be endemic in Scunthorpe.

Ten cases of food poisoning occurred, exactly the same number as in 1966. In six cases the causal agent was identified as *Salmonella* Typhimurium, in one case as *Staphylococcus Aureus*, and in the other three cases the causal organism could not be identified.

NOTIFIED INFECTIOUS (Corrected) 1958-1967

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever	90	116	33	15	7	40	23	12	5	34
Whooping Cough	120	12	39	53	15	123	80	3	35	161
Measles	1322	267	285	1234	271	1224	497	1083	1318	372
Pneumonia	16	11	6	20	9	9	4	5	7	1
Poliomyelitis: Paralytic Non-Paralytic	1 -	- 1	- -	1 1	- 1	- -	- -	- -	- -	- -
Encephalitis	3	-	-	1	2	-	-	-	-	2
Dysentery	72	138	57	56	134	117	209	316	117	167
Puerperal Pyrexia	3	1	1	2	1	-	2	1	-	1
Erisipelas	3	1	6	2	1	2	1	1	3	2
Food Poisoning	1	1	10	5	6	48	9	5	7	7
Meningococcal Infection	3	1	2	1	1	6	7	3	6	5
Malaria	1	-	1	-	1	-	1	-	-	1
Paratyphoid Fever	-	1	1	-	-	-	-	-	-	-
Opthamia Neonatorum	-	-	-	-	-	1	-	-	-	-
Pulmonary Tuberculosis	26	19	18	14	21	18	13	18	16	19
Non-Pulmonary Tuberculosis	6	3	1	2	2	3	4	2	-	4
Infective Hepatitis								41	74	43

NOTIFIED INFECTIOUS DISEASES 1967, (Corrected in cases of revised diagnosis)

	Age Un- known	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & over	TOTAL
Measles	4	26	58	63	75	56	87	2	1	-	-	-	-	372
Dysentery	4	24	29	19	11	9	21	3	6	23	9	7	2	167
Whooping Cough	5	15	14	26	22	24	50	3	2	-	-	-	-	161
Scarlet Fever	1	1	4	1	5	21	1	-	-	-	-	-	-	34
Pneumonia	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Food Poisoning	1	1	-	1	1	-	-	-	-	3	-	-	-	7
Infective Hepatitis	1	-	-	-	4	4	11	11	8	3	-	1	-	43
Pulmonary T.B.	-	-	-	-	-	-	2	-	1	5	2	7	2	19
Non-Pulmonary T.B.	-	-	-	-	-	-	-	-	-	1	3	-	-	4
Meningitis	-	-	-	1	2	-	-	1	1	-	-	-	-	5
Erysipelas	-	-	-	-	-	-	-	1	-	-	-	1	-	2
Malaria	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Peurperal Pyrexia	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Encephalitis	-	-	-	-	-	1	-	-	1	-	-	-	-	2
TOTAL	16	67	105	111	120	114	173	21	20	35	14	16	4	816

TOTAL MONTHLY INCIDENCE OF ALL KNOWN CASES OF INFECTIOUS DISEASES 1967

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Scarlet Fever	-	3	4	2	6	5	2	2	1	2	13	13	53
Pneumonia	1	-	-	1	1	-	-	-	1	-	-	1	5
Bronco Pneumonia	1	-	-	-	1	-	-	-	-	-	-	-	2
Whooping Cough	3	3	12	7	11	10	12	24	42	49	53	22	248
Measles	172	60	15	4	7	48	110	26	7	1	-	3	453
Dysentery	8	3	8	1	15	19	13	13	40	25	27	17	189
Gastro Enteritis	4	1	-	-	18	1	2	1	-	-	1	2	30
Chicken Pox	36	28	55	39	27	69	27	-	4	14	18	2	319
Mumps	39	64	20	13	33	55	18	1	-	-	-	1	244
Food Poisoning	2	-	-	-	-	1	-	2	-	5	-	-	10
Meningitis	-	-	1	-	-	-	1	2	1	-	-	-	5
Glandular Fever	-	2	-	-	-	-	-	-	-	-	-	-	2
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	1	-	-	1
Scabies	-	-	-	-	-	-	-	-	-	-	-	11	11
Encephalitis	-	2	-	-	-	-	-	-	-	-	-	-	2
Impetigo	-	-	-	-	-	-	2	-	-	-	1	2	5
Infective Hepatitis	12	5	4	2	14	2	-	-	4	13	1	-	57
Erysipelas	1	-	1	-	-	-	-	-	-	-	-	-	2
Malaria	-	-	-	-	-	-	1	-	-	-	-	-	1
Observations	3	8	7	3	12	5	11	15	27	25	20	7	143
Rubella	-	1	3	1	2	6	-	-	-	-	15	63	91

PNEUMONIA

Very different clinical syndromes are grouped under the one heading in the Registrar General's figures.

There are (1) the acute respiratory disease of infancy, already discussed under "Infant Deaths". This accounted for three deaths, all male.

(2) The classical infection by the pneumococcus, the notifiable form of the disease. This caused two deaths, one male and one female.

(3) The terminal mixed infection of the lungs which carries off debilitated and elderly persons, who are often gravely ill from other causes. This was the mode of death in fourteen cases, seven male and seven female.

Comparative figures for the last 10 years are given below:-

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Males	8	9	13	12	6	12	22	19	15	14	11
Females	8	6	5	6	7	12	8	9	17	8	8
	16	15	18	18	13	24	30	28	32	22	19

CONGENITAL DEFECTS

As from the 1st January, 1964, it has been obligatory for Medical Officers of Health to notify the General Register Officer about all congenital malformations reported in the births taking place in their areas.

In 1967, 37 such malformations were reported to the General Register Officer from the Borough of Scunthorpe.

CASES OF MALFORMATIONS NOTIFIED

Congenital Malformation	Number Detected		Date of Birth	Sex		Total
	at Birth	after Birth		M.	F.	
Anencephalus	1	-	28.6.67	1		1
Hydrocephalus	1	-	5.3.67	1		3
	1	-	25.7.67	1		
	1	-	23.8.67		1	
Spina Bifida	1	-	23.2.67		1	4
	1	-	5.3.67	1		
	1	-	31.8.67		1	
	1	-	12.10.67		1	
Other Defects of the Eye	-	1	11.2.67	1		1
Cleft Lip	1	-	19.4.67		1	2
	1	-	19.9.67		1	
Hiatus Hernia	-	1	8.2.67		1	1
Rectal and Anal Atresia	1	-	28.1.67	1		1
Congenital Heart Disease	1	-	23.1.67	1		3
		1	8.2.67		1	
		1	14.3.67		1	
Hypospadias Epispadias	1	-	28.3.67	1		1
Other Defects of the Male Genitalia	1	-	27.1.67	1		1
Talipes	1	-	25.1.67		1	
	1	-	17.6.67		1	
	1	-	1.8.67	1		
	1	-	2.8.67	1		
	1	-	9.8.67		1	
	1	-	31.8.67	1		
	1	-	31.8.67		1	
	1	-	5.10.67	1		
	1	-	7.10.67		1	

/Cont'd..

CASES OF MALFORMATIONS NOTIFIED -- Con'd

Congenital Malformation	Number at Birth	Detected after Birth	Date of Birth	Sex		Total
				M.	F.	
Talipes	1	-	11.10.67	1		
	1	-	15.10.67		1	
	1	-	12.12.67		1	
	1	-	31.12.67		1	1
Defects of the Lower Limb NOS	1	-	30.6.67		1	
Exomphalos of Cord	1		3.5.67	1		
Mongolism	1	-	27.7.67		1	
	1	-	6.12.67	1		
	1	-	20.12.67		1	
Congenital Malformation NOS	1	-	6.4.67	1		
TOTALS	33	4		17	20	

ANNUAL RETURN OF FOOD POISONING 1967

1. (a) Food Poisoning Notifications (Corrected) as returned to Registrar General.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2	1	1	3	7

(b) Cases otherwise ascertained

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
-	-	2	1	3

(c) Symptomless Excretors

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
-	-	-	-	-

(d) Fatal Cases

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

2. Particulars of Outbreaks

	No. of Outbreaks		No. of Cases		Total
	Family outbreaks	Other outbreaks	Notified	Otherwise Ascertained	
agent Identified	1	-	2	-	2
agent not Identified	-	-	-	-	-

3. Single Cases

	No. of Cases		Total No. of Cases
	Notified	Otherwise Ascertained	
agent Identified	2	3	5
agent not Identified	3	-	3

B COMMUNITY HEALTH SECTION

1967 Annual Report

Environmental Health Section

ATMOSPHERIC POLLUTION

The daily smoke and sulphur dioxide readings were maintained at three stations during the year. Readings at one station were discontinued. Detail figures for 1967 as well as averages for the past seven years are shown in the tables. The figures show some improvements over the years for both carbon dioxide and smoke pollution and this improvement can properly be attributed to the steady expansion of the smoke controlled areas in the town and to the British Railways programme of replacing steam engines with diesel ones locally.

Figures in microgrammes per cubic metre								
	1961		1962		1963		1964	
	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide
<u>Britannia Corner</u>								
Highest Average	306	404	369	294	421	306	322	316
Lowest Average	82	50	50	115	60	83	38	54
<u>High Street East</u>								
Highest Average	230	270	262	190	324	230	230	225
Lowest Average	65	58	59	85	25	68	38	50
<u>Parks Department</u>								
Highest Average	212	348	297	230	242	102	205	103
Lowest Average	58	46	51	82	44	50	35	48
<u>Riddings</u>								
Highest Average	147	205	158	112	140	150	105	115
Lowest Average	50	15	18	42	25	40	25	38

ATMOSPHERIC POLLUTION

Appendix I

Average Readings 1961-67

Figures in microgrammes per cubic metre

	1965		1966		1967	
	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide
<u>Britannia Corner</u>						
Highest Average	169	184	215	184	232	198
Lowest Average	20	56	30	34	34	55
<u>High Street East</u>						
Highest Average	235	168	220	166	150	160
Lowest Average	48	53	30	45	10	60
<u>Parks Department</u>						
Highest Average	210	152	230	162	170	150
Lowest Average	32	39	30	52	23	47
<u>Riddings</u>						
Highest Average	95	110	108	125	-	-
Lowest Average	15	32	45	45	-	-

MONTHLY AVERAGES OF DAILY VOLUMETRIC SMOKE

AND SULPHUR DIOXIDE RECORDERS

High Street East

Month	Micrograms per cubic metre					
	Sulphur Dioxide			Smoke		
	High	Low	Average	High	Low	Average
January	393	36	150	527	4	90
February	210	36	90	220	21	65
March	190	14	99	104	7	46
April	242	53	94	47	10	25
May	152	25	70	53	10	24
June	137	40	74	124	10	22
July	370	7	60	36	8	15
August	171	20	75	39	8	16
September	115	37	68	50	5	22
October	137	37	50	17	8	12
November	Station not working					
December	348	51	161	242	108	150

Britannia Corner

Month	Micrograms per cubic metre					
	Sulphur Dioxide			Smoke		
	High	Low	Average	High	Low	Average
January	443	94	198	369	69	169
February	283	57	150	267	43	100
March	218	41	130	240	38	107
April	235	77	126	159	50	84
May	147	23	59	179	37	88
June	118	48	84	70	17	39
July	170	39	71	75	8	33
August	153	38	56	79	18	47
September	168	26	69	173	33	80
October	148	7	76	130	41	80
November	289	58	147	616	84	235
December	448	101	191	720	29	232

Appendix II Continued

Riddings, Willoughby Road

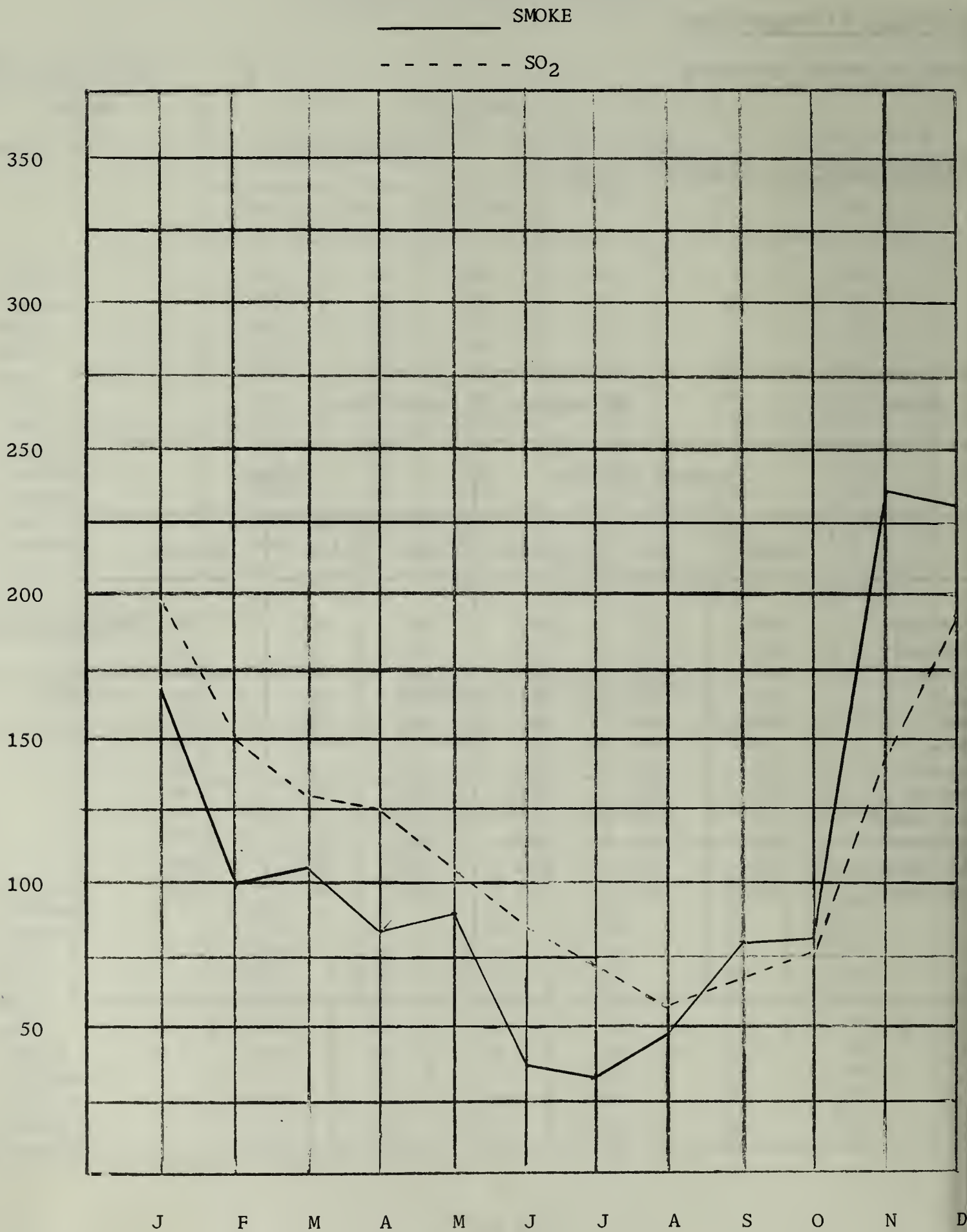
Station ceased operating

Parks Department, Henderson Avenue

Month	Micrograms per cubic metre					
	Sulphur Dioxide			Smoke		
	High	Low	Average	High	Low	Average
January	328	65	140	363	38	170
February	360	55	115	421	43	116
March	186	22	102	182	50	101
April	153	54	101	128	20	65
May	238	15	87	115	20	87
June	138	46	71	35	7	21
July	111	14	47	40	8	22
August	218	12	54	156	12	48
September	147	38	79	206	6	79
October	133	35	77	141	32	76
November	310	65	133	430	82	163
December	403	45	149	474	48	162

SMOKE AND SO₂ MONTHLY AVERAGES FOR 1967

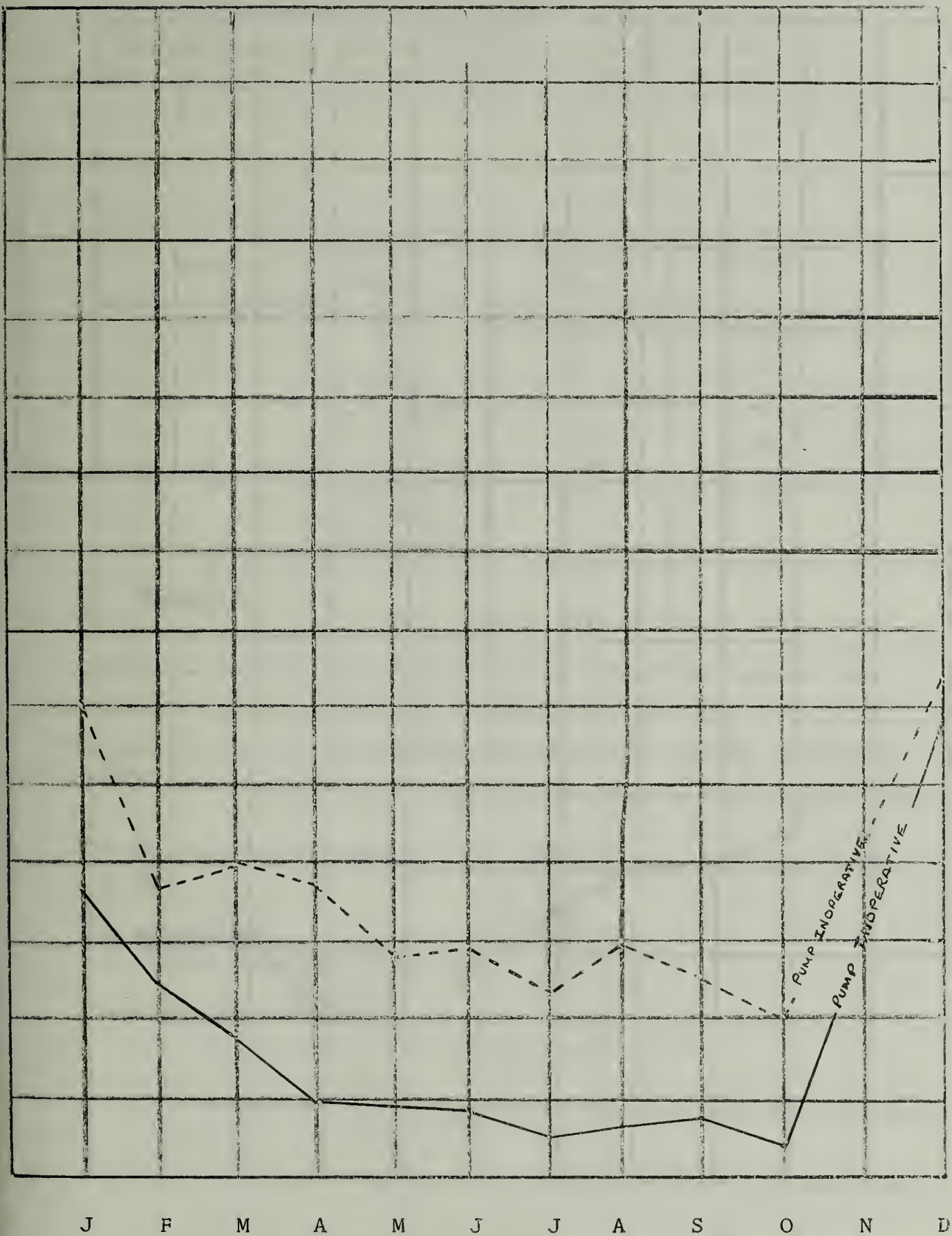
BRITANNIA CORNER



SMOKE AND SO₂ MONTHLY AVERAGES FOR 1967

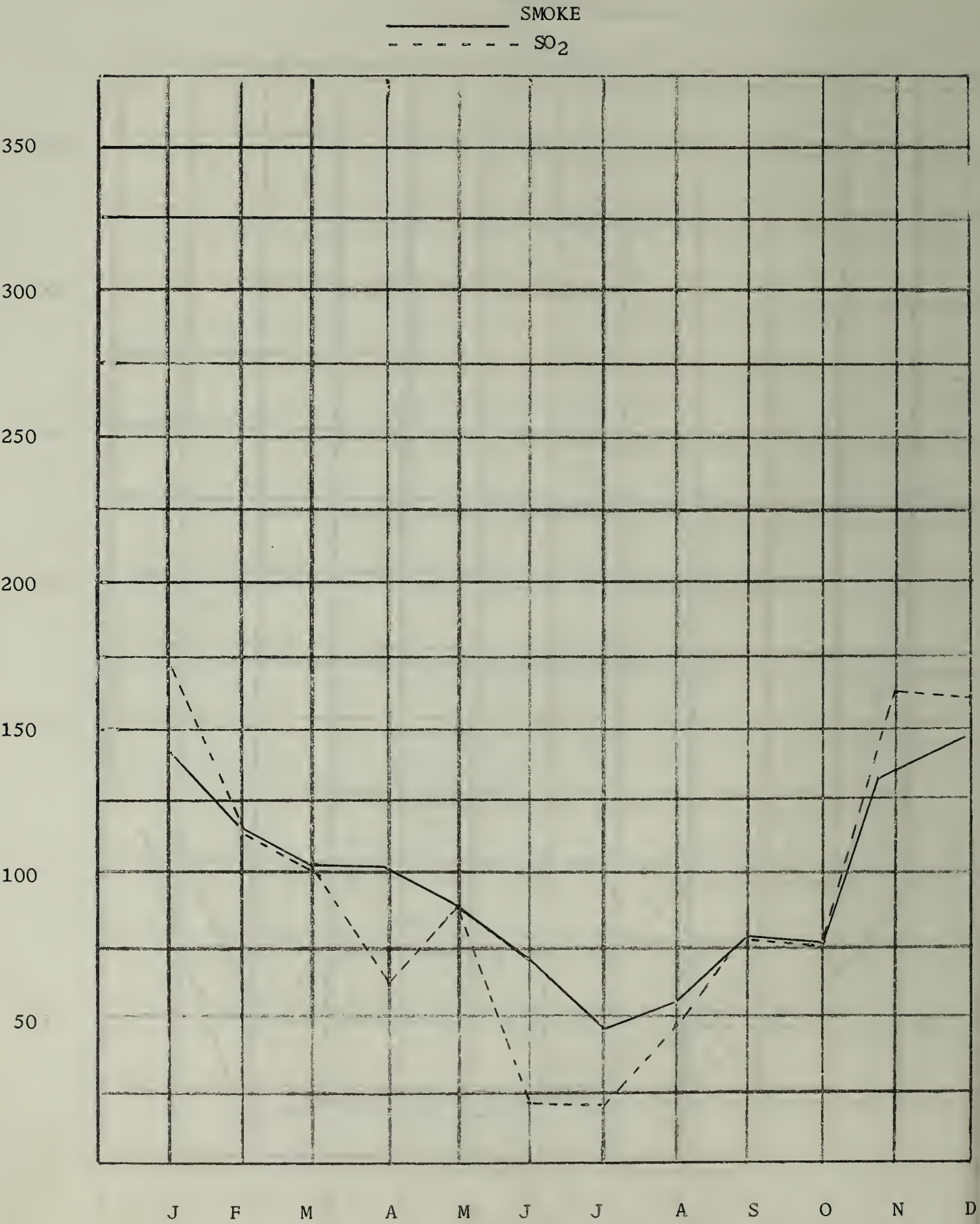
HEALTH DEPT, HIGH STREET EAST

———— SMOKE
----- SO₂



SMOKE AND SO₂ MONTHLY AVERAGES FOR 1967

PARKS



Smoke Control Areas

Area No.5 came into operation in December 1966. Work has been proceeding on Area No.6 which should come into operation in March 1968. Consideration is already being given outlining Area No.7.

Information about the areas is given in the following table:-

Area No.	Private Houses	Council Houses	Acreage
1	245	1,200	313
2	688	-	1,350
	✓ 1,425 new houses		
3	961	459	180
4	683	60	96
5	1,434	1,161	712
	✓ 93 new houses		
6	609	332	132
<u>Proposed</u>			
7	580	700	212

During the year the following conversions of burning appliances were approved.

To smokeless solid fuels	170
To gas	111
To electricity	8
To mixed fuels	18
To central heating - solid fuel	41
gas	19
Ignition only required	1

368

WATER SUPPLY

There are now 22 houses in the town without an internal water supply.

One house remains without a piped water supply, and it is still served by spring water.

The following information has been supplied by the Borough Engineer:-

(a) Consumption in N.L.W.B. Area, year ending 31.12.67.

Domestic:	1,384,938,000	gallons
Metered:	970,398,000	gallons
Total:	<u>2,355,336,000</u>	gallons
	2,355,336,000	gallons

Estimated population on 30.6.67, Registrar General: 122,720

Consumption Per Head Per Day

Domestic:	30.92	gallons
Metered:	<u>21.66</u>	gallons
Total:	52.58	gallons

In addition, from Thornton Pumping Station and Ulceby pumping Station 929,703,000 gallons of non-potable water have been supplied for industrial use during the year (2.55 million gallons per day).

(b) Estimated Consumption in Scunthorpe Borough, year ending 31.12.67

Estimated population on 30.6.67, Registrar General: 71,010
Estimated total consumption: 1,362,803,000 gallons
Average daily consumption: 3,733,700 gallons

Water Supplies Domestic

i) Number of samples taken for Chemical Examination:-

Public supplies: 14 satisfactory; 0 unsatisfactory

Private supplies: 0 satisfactory; 0 unsatisfactory

ii) Number of samples taken for Bacteriological Examination

Public supplies: 185 satisfactory; 0 unsatisfactory

Private supplies: 3 satisfactory; 0 unsatisfactory.

In addition to the above, the Department has sampled the town's water as follows:-

	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Total</u>
Bacteriological:	41	0	41
Chemical:	16	0	16

Details of Chemical samples taken throughout the year are shown separately.

The private bore supply to the Appleby Frodingham Steelworks was also sampled, the three bacteriological and two chemical samples all proving to be satisfactory.

SWIMMING BATHS

Samples of water were taken at regular intervals from the Public Baths and also the swimming pools attached to schools.

A strict watch has been kept on the two latter pools. Some improvements have been noted in chlorination techniques and overloading of the pools does not seem so apparent from the results that are tabulated below.

	BACTERIOLOGICAL		CHEMICAL	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Public	24	0	10	0
Henderson Ave Junior School	19	1	5	2
John Leggott Grammar School	20	0	8	1

All unsatisfactory samples were followed up with satisfactory results.

Some trouble was experienced at one of the Senior Schools in the Borough, following the laying of a new water main, and constant attention was directed to this particular problem. Three points on the main inside the school were sampled regularly, and the results are tabulated below:-

No. of samples taken:	88
Unsatisfactory:	13
Suspicious:	11
Satisfactory	64

Regular routine visits are still being made to the school to check the purity of the water supply.

Paddling Pools

20 samples of water were taken during the summer months. Following are the results:-

	Satisfactory	Unsatisfactory
Central	10	3
Sheffield Park	6	1

Public Baths Attendance Figures.

The Baths, Entertainments and Catering Officer has supplied the following attendance figures which have dropped slightly from the previous year:-

No. of swimmers (excluding school parties) using the baths - 144,910

No. of swimmers (school parties) using the baths 35,793

Total: 180,703

Chemical Analysis of Tap Water 1967

18th January

Physical Characteristics

No. 1

No. 2

Suspended matter	None	None
Appearance of a column 2 ft. long	Clear	Clear:faintly
	Colourless	Yellow
Taste	Normal	Normal
Odour	None	None

Chemical Examination

Total Solids at 180°C	486.0	646.0
Chlorides in terms of Chlorine	45.5	66.7
Equivalent to Sodium Chloride	75.0	109.0
Nitrates	None	None
Nitrates as Nitrogen	3.73	1.73
Poisonous Metals (lead etc.)	None	None
Total Hardness	100.0	170.0
Temporary Hardness	100.0	166.3
Permanent Hardness	None	3.7
Oxygen absorbed in 4 hours at 80°F	0.08	0.24
Amoniacal Nitrogen	0.024	0.016
Albuminoid Nitrogen	0.032	0.032
Free Chlorine	None	None
Sodium Bicarbonate	None	None
P. H. Value	7.1	7.2

Bacteriological Examination

B. Coli Test (MacConkey's Bile Salt
Lactose Broth)

Probable number of coliform organisms
per 100 ml.

None

None

B.

8th February

23rd March

Physical Characteristics

No. 1

No. 2

Suspended matter	None	None	None
Appearance of a column 2 ft. long	Clear	Clear	Clear
	Colourless	Colourless	Colourless
Taste	Normal	Normal	Normal
Odour	None	None	None

Chemical Examination

Total Solids dried at 180°C	480.0	530.0	496.0
Chlorides in terms of Chlorine	43.4	61.0	43.4
Equivalent to Sodium Chloride	71.5	100.6	71.5
Nitrates	None	None	None
Nitrates as Nitrogen	3.22	1.95	3.95
Poisonous Metals (lead etc.)	None	None	None
Total Hardness	114.0	122.0	96.0
Temporary Hardness	114.0	122.0	96.0
Permanent Hardness	None	None	None
Oxygen absorbed in 4 hours at 80°F	0.25	0.37	0.33
Amoniacal Nitrogen	0.032	0.048	0.048
Albuminoid Nitrogen	0.032	0.032	0.032
Free Chlorine	None	None	None
Sodium Bicarbonate	181.1	63.8	191.5
P.H. Value	7.3	7.2	7.1

Bacteriological Examination

B. Coli Test (MacConkey's Bile Salt
Lactose Broth)

Probable number of coliform organisms
per 100 ml.

None

None

None

C.

19th April

31st May

Physical Characteristics

Suspended matter	None	None
Appearance of a column 2 ft. long	Clear	Clear
	Faintly yellow	Colourless
Taste	Normal	Normal
Odour	None	None

Chemical Examination

Total Solids dried at 180°C	494.0	502.0
Chlorides in terms of Chlorine	51.5	69.7
Equivalent to Sodium Chloride	84.9	115.2
Nitrates	None	None
Nitrates as Nitrogen	3.47	1.72
Poisonous Metals (lead etc.)	None	None
Total Hardness	86.0	122.0
Temporary Hardness	86.0	122.0
Permanent Hardness	None	None
Oxygen absorbed in 4 hours at 80°F	0.24	0.44
Amoniacal Nitrogen	0.032	0.032
Albuminoid Nitrogen	0.080	0.032
Free Chlorine	None	0.10
Sodium Bicarbonate	200.3	81
P.H. Value	7.8	7.4

Bacteriological Examination

B. Coli Test (MacConkey's Bile Salt Lactose Broth)

Probable number of coliform organisms per 100 ml.	None	None
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D.

	28th June		27th July
<u>Physical Characteristics</u>	No. 1	No. 2	
Suspended matter	None	None	None
Appearance of a column 2 ft. long	Clear: faintly Yellow	Clear: faintly Yellow	Clear Colourless
Taste	Normal	Normal	Normal
Odour	None	None	None
<u>Chemical Examination</u>			
Total Solids dried at 180°C	500.0	624.0	456.0
Chlorides in terms of Chlorine	69.0	81.0	55.0
Equivalent to Sodium Chloride	113.9	133.5	90.6
Nitrates	None	None	None
Nitrates as Nitrogen	3.72	2.46	3.97
Poisonous Metals (lead etc.)	None	None	None
Total Hardness	98.0	110.0	178.0
Temporary Hardness	98.0	110.0	178.0
Permanent Hardness	None	None	None
Oxygen absorbed in 4 hours at 80°F	0.16	0.12	0.08
Amoniacal Nitrogen	0.032	0.040	0.032
Albuminoid Nitrogen	0.032	0.032	0.048
Free Chlorine	None	None	None
Sodium Bicarbonate	98.6	112.4	50.0
P.H. Value	7.2	7.3	7.0
<u>Bacteriological Examination</u>			
B. Coli Test (MacConkey's Bile Salt Lactose Broth)			
Probable number of coliform organisms per 100 ml.	None	None	None

E.

	24th August		21st Sept.
<u>Physical Characteristics</u>	No. 1	No. 2	
Suspended matter	None	None	None
Appearance of a column 2ft. long	Clear: faintly Yellow	Clear Colourless	Clear Colourless
Taste	Normal	Normal	Normal
Odour	None	None	None
<u>Chemical Examination</u>			
Total Solids dried at 180°C	576.0	472.0	468.0
Chlorides in terms of Chlorine	78.0	55.0	53.0
Equivalent to Sodium Chloride	128.6	90.6	87.4
Nitrates	None	None	None
Nitrates as Nitrogen	2.22	3.72	3.58
Poisonous Metals (lead etc.)	None	None	None
Total Hardness	128.0	146.0	108.0
Temporary Hardness	128.0	146.0	108.0
Permanent Hardness	None	None	None
Oxygen absorbed in 4 hours at 80°F	0.32	0.16	0.64
Amoniacal Nitrogen	0.32	0.32	0.016
Albuminoid Nitrogen	0.048	0.040	0.032
Free Chlorine	None	None	None
Sodium Bicarbonate	81.6	110.7	141.6
P.H. Value	7.4	7.2	7.1
<u>Bacteriological Examination</u>			
B. Coli Test (MacConkey's Bile Salt Lactose Broth)			
Probable number of coliform organisms per 100 ml.	None	None	None

F.

	26th Oct.	2nd Nov.	23rd. Nov.
<u>Physical Characteristics</u>			
Suspended matter	None	None	None
Appearance of a column 2 ft. long	Clear: faintly Yellow	Clear Colourless	Clear Colourless
Taste	Normal	Normal	Normal
Odour	Chlorinous	None	None

Chemical Examination

Total Solids dried at 180°C	472.0	476.0	452.0
Chlorides in terms of Chlorine	52.0	60.0	51.0
Equivalent to Sodium Chloride	85.7	98.9	84.0
Nitrates	None	None	None
Nitrates as Nitrogen	3.87	4.00	2.97
Poisonous Metals (Lead etc.)	None	None	None
Total Hardness	134.0	162.0	110.0
Temporary Hardness	134.0	162.0	110.0
Permanent Hardness	None	None	None
Oxygen absorbed in 4 hours at 80°F	0.16	0.16	0.36
Amoniacal Nitrogen	0.072	0.104	0.032
Albuminoid Nitrogen	0.024	0.072	0.056
Free Chlorine	None	None	None
Sodium Bicarbonate	146.3	82.5	169.8
P.H. Value	7.2	7.9	7.0

Bacteriological Examination

B. Coli Test (MacConkey's Bile Salt
Lactose Broth)

Probable number of coliform organisms per 100 ml.	None	None	None
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FOOD AND DRUGS

1. MILK

The two local dairies continue to bottle all the milk sold in the town.

The following licences are in force:-

Dealer's (Pasteurisers) Milk Licence authorising the use of the special designation "Pasteurised": 2

Dealer's (Sterilisers) Milk Licence authorising the use of the special designation "Sterilised": 2

Dealer's (Pre-packed) Milk Licence authorising the use of the special designation "Pasteurised": 6

Dealer's (Pre-packed) Milk Licence authorising the use of the special designation "Ultra heat treated": 1

Dealer's (Pre-packed) Milk Licence authorising the use of the special designation "Sterilised": 122

Samples of both heat treated and untreated milk were taken for testing and analysis throughout the year and details of results follow.

All untreated samples were taken from churns prior to heat treatment. All unsatisfactory samples were retaken, with satisfactory results.

RESULTS OF SAMPLES OF HEAT TREATED AND UNTREATED MILK

Number of Samples Taken	Satis- factory	Unsatis- factory	Unsatisfactory		
<u>A. Bacteriological</u>			<u>Methylene Blue</u>	<u>Phos- phatase</u>	<u>Turbidity</u>
Homogenised 65	65	-	-	-	-
Pasteurised 190	176	14	10	11	-
Sterilised 65	65	-	-	-	-
TOTAL 320	306	14	10	11	-
<u>B. Biological</u>			<u>Brucella Organisms</u>		
Number Taken 36	36	-	-		
<u>Gerber</u>			<u>Deficient in</u>		
			<u>Milk Fats</u>	<u>Non-Fatty Solids</u>	
Untreated 94	90	-	-	4	
Heat Treated 3	3	-	-	-	
TOTAL 97	93	-	-	4	

2. ICE CREAM

There are four premises registered for the manufacture of ice cream and 203 premises registered for the storage and sale of this commodity.

During the year, both chemical and bacteriological samples of ice cream were taken. Following are the results:-

Number and type of samples taken	Grade			
	1	2	3	4
A. Bacteriological 41	33	1	4	3
	<u>Satisfactory</u>		<u>Unsatisfactory</u>	
B. Chemical 16	16		-	

Ice cream samples having a resultant grade of 3 or 4 were subsequently followed up with satisfactory results.

FOOD SAMPLING (CHEMICAL)

During the year, 137 samples of food and drugs were taken under the Food and Drugs Act 1955, one being unsatisfactory. Results are detailed below:-

<u>Item</u>	<u>Formal</u>	<u>Informal</u>	<u>Total</u>
Almond Oil	-	3	3
Aspirin	-	3	3
Baking Powder	-	3	3
Boric Ointment	-	3	3
Butter Sweets	-	3	3
Camphorated Oil	-	3	3
Cascara Sagrada	-	3	3
Castor Oil	-	3	3
Cheese	-	3	3
Citric Acid	-	3	3
Cough Mixture	-	3	3
Cream, Double	-	3	3
Cream of Tartar	-	3	3
Currants	-	3	3
Curry Powder	-	3	3
Epsom Salts	-	3	3
Eucalyptus Oil	-	3	3
Fish Cakes	-	3	3
Gelatine	-	3	3
Glaubers Salt	-	3	3
Ground Almonds	-	4	4
Ground Ginger	-	3	3
Ice Cream	-	16	16
Indian Brandee	-	3	3
Jellies	-	3	3
Lard	-	3	3
Liquid Paraffin	-	3	3
Marzipan	-	4	4
Olive Oil	-	3	3
Pepper, White	-	3	3
Sauce	-	3	3
Sausage	-	4	4
Seidlitz Powder	-	3	3
Stuffing	-	5	5
Suet	-	2	2
Sultanas	-	3	3
Tincture of Iodine	-	3	3
Tincture of Rhubarb	-	3	3
Tomato Soup Powder	-	3	3
Zinc Ointment	-	3	3
TOTAL	-	137	137

The following table shows the result of the unsatisfactory sample:-

No. of sample	Nature of sample	Formal/ Informal	Report	Action Taken
4117	Glaubers Salt	Informal	When dried to constant weight at 105°C, it lost only 43.85% of its weight instead of 51.56 to 51.57% required by B.P.C. 1963.	Stocks with-drawn from sale

MEAT INSPECTION

There are two licenced slaughter houses in the Borough and the number of animals slaughtered in each are given in the table.

	Abattoir					Fishers	
	Beasts	Cows	Calves	Sheep	Pigs	Sheep	Pigs
January	573	-	2	1,082	1,026	25	256
February	507	-	6	610	1,042	9	239
March	558	-	2	478	901	5	221
April	631	-	1	454	1,199	-	308
May	533	-	-	452	907	-	228
June	511	-	1	772	730	15	186
July	620	-	1	1,038	842	33	261
August	578	-	4	927	820	57	164
September	565	-	3	1,273	833	123	191
October	773	-	6	1,563	1,386	136	215
November	659	-	8	1,334	1,156	65	242
December	585	-	4	1,032	1,396	99	350
TOTAL	7,093	-	38	11,015	12,238	567	2,861

During the year many foot and mouth disease outbreaks were recorded throughout the country. This disease became widespread and the whole of England and Wales was made a "Controlled Area" in November 1967, prohibiting the movement of farm livestock without a licence.

On this date immediate precautions were taken at both local slaughter-houses for disinfection of incoming vehicles carrying livestock for slaughter.

No cases of foot and mouth disease were found in Scunthorpe, throughout the whole of the outbreak.

A 100% system of meat inspection continued in force in the Borough, every animal slaughtered receiving an inspection. Certain diseased parts or organs were condemned, and details follow:-

CARCASES INSPECTED AND CONDEMNED 1967

	Cattle Excluding Cows	Calves	Sheep	Pigs
Number killed	7,093	38	11,582	15,099
Number inspected	7,093	38	11,582	15,099
<u>All diseases except Tuberculosis and Cysticerchi</u>				
Whole carcasses condemned ..	2	-	3	13
Carcases of which some part or organ was condemned	2,133	-	112	1,236
Percentage of the number inspec- ted affected with disease other than Tuberculosis and Cysticerchi	30.05	-	0.96	8.18
<u>Tuberculosis only</u>				
Whole carcasses condemned ..	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	165
Percentage of the number inspected affected with Tuberculosis	-	-	-	1.05
<u>Cysticercosis</u>				
Carcases of which some part or organ was condemned	35	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-
Generalised and totally condemned	-	-	-	-

UNFIT MEAT SURRENDERED 1967

Disease	Jan.	Feb	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Tuberculosis	199	256	232	169	148	125	127	148	196	294	318	385	2597
Abcesses	1221	541	658	1136	767	577	1084	735	470	722	842	354	9108
Arthritis	109	41	39	56	52	16	52	63	20	47	28	13	536
Actinomycosis	60	90	-	-	30	60	120	180	90	60	120	-	810
Injury	30	109	184	141	68	115	118	208	215	111	172	39	1150
Cysticercus Bovis	97	68	92	-	-	63	34	81	5	97	60	43	640
Dropsy and Emaciation	60	-	-	-	-	-	628	-	-	-	156	-	844
Erysipelas and Urticaria	79	20	-	-	-	-	-	-	-	-	-	-	99
Fevered	565	-	40	-	-	-	-	-	-	-	-	-	605
Pyæmia	-	-	-	-	-	-	-	-	-	-	-	-	-
Moribund	-	-	-	-	-	-	150	-	-	-	-	-	150
Septicaemia	40	-	-	-	-	-	-	-	13	-	240	-	293
Decomposition	81	101	-	-	10	193	861	1762	1471	1033	149	488	6149
Inflammation and Pneumonia	399	406	358	356	415	536	439	484	502	338	374	341	4948
Parasitical Infestation	1145	1037	1043	653	820	1136	1157	1664	1712	921	2328	1051	14667
Other Conditions	25	87	-	-	13	127	-	-	74	139	50	48	563
	4110	2756	2646	2511	2323	2948	4770	5326	4768	3762	4837	2762	43519

1967 - unfit meat surrendered : 19 tons, 8 cwt, 1 qtr, 25 lb.
1967 - unsound food surrendered: 1 ton, 11 cwt, 3 qtr, 23 lb.

It is interesting to note that there was a greater weight of all kinds of food condemned in 1967 than in the previous year.

Constant attention is paid to detection of Cysts of *Cysticercus Bovis* in beef and though 35 instances of infestation were found, it was not deemed necessary to subject any carcasses to deep refrigeration.

The incidence of Tuberculosis in cattle is decreasing and as in the previous year no complete animal was condemned for this disease. The incidence of the disease in pigs is also decreasing.

The number of carcasses totally condemned was 2 cattle, 3 sheep and 13 pigs, and these were affected as follows:-

<u>Cattle:</u>	Decomposition	1
	Oedema	1
<u>Sheep:</u>	Emaciation	2
<u>Pigs:</u>	Septicaemia	1
	Emaciation	4
	Multiple Abscesses	7
	Bruising	1

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

At the end of the year there were 781 premises registered in the Borough under the above Act. These were divided as follows:

	Number registered during 1967	Number on register at end of year
Offices	6	161
Retail Shops	9	550
Wholesale Premises	-	26
Catering Establishments open to the public	2	40
Fuel Storage Depots	-	4
TOTALS	17	781

A total of 758 visits were made during the year to all types of premises and the following contraventions were noted:-

Type of Contravention	Number found
Cleanliness	5
Overcrowding	0
Thermometers	17
Temperature	1
Ventilation	0
Lighting	0
Sanitary Conveniences	10
Hot Water	10
Wash Hand Basins	10
Supply of Drinking Water	0
Clothing Accommodation	1
Sitting Facilities	0
Seats (Sedentary Workers)	0
Eating Facilities	0
Floors, Passages and Stairs	4
Guarding of Machinery	0
Protection of young persons from dangerous machines	0
Training of young persons working with dangerous machines	0
Prohibition of Heavy Work	0
First Aid Boxes	13
Provision of Necessary Forms	21

Notices served and abated

Premises	Number of notices served	Number of notices abated
Shops	92	148
Offices	2	20

The difference between the number of notices served and those abated is due to the fact that some notices have been carried forward from the previous year.

Analysis of persons employed in Registered Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	1038
Retail Shops	2639
Wholesale Premises	193
Catering Establishments open to the Public	460
Canteens	1
Fuel Storage Depots	18
	<hr/> 4349

Total Males: 1,510

Total Females: 2,839

Number of Inspectors appointed under Section 52(1)
of the Act: 6

Accidents

During the year, under Section 48 of the Act, 23 accidents were reported to this Department. These are detailed in the two following tables.

REPORTED ACCIDENTS

Workplace	Number Reported		Total Number Investigated	Action Recommended			
	Fatal	Non-Fatal		Prosecution	Formal warning	Informal advice	No action
Offices	-	2	1	-	-	1	2
Retail Shops	-	17	17	-	-	17	17
Wholesale Shops,	-	-	-	-	-	-	-
Warehouses	-	2	2	-	-	2	2
Catering Establishments open to public, canteens	-	2	1	-	-	1	2
Fuel Storage Depots	-	-	-	-	-	-	-
TOTALS	-	23	21	-	-	21	23

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail Shops	Wholesale Shops Warehouses	Catering Establish- ments open to public, canteens	Fuel Storage Depots
Machinery	-	-	-	-	-
Transport	-	-	-	-	-
Falls of persons	1	7	1	1	-
Stepping on or striking against object or person	1	1	-	-	-
Handling goods	-	6	-	1	-
Struck by falling object	-	3	1	-	-
Fires and explosions	-	-	-	-	-
Electricity	-	-	-	-	-
Use of hand tools	-	-	-	-	-
Not otherwise specified	-	-	-	-	-

SHOPS ACT 1950

Non Food Shops

The number of shops involved in informal action was 50.

Contraventions in these shops were as follows:

Vermin proofing required	2
Shop half-day notice required	37
Defective drainage system	7
Defective W.C.	1
Requiring renewal of dustbins	2
Assistant's half-day notice required	7
Notice to employees required	7
	<hr/>
TOTAL	63

MISCELLANEOUS PREMISES

Pet Animals Act 1951

There are 4 premises registered by the Health Committee. Supervision of these is by an Inspector of the Royal Society for the Prevention of Cruelty to Animals.

Riding Establishments Act 1964

There are no persons holding a licence in the Borough to set up a Riding Establishment.

Animal Boarding Establishments Act 1963

4 persons are licenced under this Act to run an Establishment. The 4 premises were subject to inspection during the year and all were found to be satisfactory.

Rag Flock and other Filling Materials Act 1951

There are 3 premises on the Rag Flock Register. These were all visited during the year and no contraventions were noted. Three samples were taken and all were found to be satisfactory.

Hostels

The Hostel owned by British Rail in Church Lane will accommodate 64 persons and was in full use throughout the year.

Redbourn Works Hostel has accommodation for 95 persons and was fully occupied for most of the year..

Children's Nightdresses Regulations 1964

4 samples were taken during the year. Two did not comply with the Regulations and stocks were removed from sale by the vendors. The remaining 2 samples complied with the Regulations.

Caravan Sites and Control of Development Act 1960

The number of vans on the municipal site at Manifold Road still continues to decrease. At the end of the year there were 89 vans, compared with 113 the previous year.

The site inspections were carried out during the year, both proving generally satisfactory. 26 caravans were inspected on the site, 3 contraventions being noted, all being remedied within a short period.

The private site still operates with its maximum capacity of 40 vans.

Two inspections of the site were carried out and 12 caravan inspections were carried out in connection with overcrowding and living conditions. 3 contraventions were noted and were all abated during the year.

The land on Station Road, adjacent to the cattle market continues to be used as winter quarters for showmen. The site generally houses about 15 vans and is usually left in a tidy state when the families leave for the annual round of fairs.

Rent Acts 1957

No certificates of disrepair were either issued or revoked.

Scrap Metal Dealers Act 1964

There were 25 dealers registered under the Act, 13 of which were itinerant collectors.

Routine visits were made during the year to all the scrap metal stores.

NUISANCES

Noise Abatement Act 1960

The Department received 9 complaints of noise nuisance during the year, (6 commercial, 3 domestic). All were fully investigated and with the co-operation of the firms and person concerned, 8 of the nuisances were abated.

The main cause for complaint seems to stem from the using of noisy vibrating machinery in commercial premises situated in mainly domestic areas.

Public Health Acts 1936 and 1961

Details of nuisances abated and improvements effected in 1967 are given below:-

Type of Nuisance	Informal Action	Formal Action	Total
Internal house repairs	123	-	123
External house repairs	75	-	75
Dustbins to be provided	29	-	29
Drains to be cleared by Local Authority	645	-	645
Drains cleared after notice to owner	36	-	36
New sinks and water supply	1	-	1
W.C.'s repaired	27	-	27
Infestations (excluding rats and mice)	18	-	18
Accumulations of refuse and rubbish	34	-	34
Nuisances from animals and birds	8	-	8
Nuisance from dykes	2	-	2
Nuisances from burning rubbish, garden bonfires	11	-	11
Dirty yards cleansed	10	-	10
Smell nuisance	1	-	1
Overcrowding	1	-	1
Water pressure	3	-	3
Hot water	1	-	1
	1,025	-	1,025

Housing Inspections (General)

Complaints received: 378 Houses inspected: 378 Visits made: 653

HOUSING

Number of new houses erected during the year

By the Local Authority: 98 houses, 6 flats
By other Local Authorities: 6
By other bodies or persons: 120

Inspection of dwelling during the year

Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts: 378

Number of inspections made for the purpose: 653

Remedy of defects during the year without service of formal notices

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers: 218

Action under statutory powers during the year

1. Public Health Acts: no formal action
2. Housing Acts: number of dwellinghouses, or parts, subject to orders: 1

Housing Acts 1949-59

Number of dwellings for which applications for grants have been received:

- (a) Standard grant: 68
- (b) Discretionary grant: 26

Number of dwellings which were subject to grant:

- (a) Standard grant: 68
- (b) Discretionary grant: 26

Number of houses owned by Local Authority which have been subject to grant aid by the Ministry: 1

Houses in Multiple Occupation

Housing Acts - Overcrowding

- (a) Number of cases of overcrowding relieved during year: 7
Number of persons concerned in such cases: 45
- (b) Number of dwellings overcrowded at end of year: 2

- Number of families therein: 5
 Number of persons dwelling therein: 16
 (c) Number of houses on the register at the end of the year: 139
 Number of visits made for all purposes: 192

Formal action - Housing Acts 1957-61

Nil

Informal action - Housing Acts 1957-61

	Served	Abated
To Cleanse	2	1
To provide hot water	2	0
To provide dustbins	2	2
For other facilities and defects	5	5
TOTALS	11	8

There are 139 known houses in multiple occupation, classified according to the nationality of the landlord, as follows:-

English	82
Pakistani	40
Italian	6
Somali	4
Indian	3
Arab	2
Ukranian	1
Chinese	1

Most of the houses were found to be clean and well conducted and it was not found necessary during the year to take any formal action in any particular case.

Prevention of Damage by Pests Act 1949

	Non-Agricultural Property	Agricultural Property
Total number of properties in the district	25,005	12
Total number of properties (including nearby premises) inspected following notification	1,296	6
Number infested by (i) rats	512	3
(ii) mice	45	-
Total number of properties inspected for rats and/or mice for reasons other than notification	650	-
Number infested by (i) rats	8	-
(ii) mice	4	-

There has been an increase in the number of complaints of rats and mice and also in the number of properties treated.

Public Sewers

These continue to receive twice yearly treatment and it appears that there are no serious reservoirs of rats in the sewerage systems of the town.

WORKPLACES AND FACTORIES

	Power	Non-Power
Bakers	12	1
Boots and shoes	9	-
Butchers	19	-
Clothing Manufacturers	7	-
Concrete Manufacturers	4	-
Crisps	1	-
Cycle repairs	3	-
Dairies	2	-
Dry cleaners and laundries	7	-
Egg packing	1	-
Engineering	42	-
Firewood	-	-
Fish products	3	-
Florists (wreaths)	-	1
Furnishers	2	1
Garages	73	1
Gasworks	2	-
Gents tailors	1	-
Ice cream manufacturers	4	-
Iron and steel and subsidiaries	29	-
Jewellers	2	-
Joinery	21	-
Ladies wear	3	-
Leatherwork	-	1
Mineral waters	1	-
Monumental masons	2	-
Motor cycles	7	-
Music shops	1	-
Paper baling	1	-
Plastics	2	-
Plumbers and glaziers	4	-
Poultry	1	-
Printing and photography	5	2
Radio, electrical and television	15	1
Scrap metal dealers	5	1
Slaughterhouses	2	-
Sweets	-	-
Vegetable packing	1	1
Weighing scales	1	-
Corn miller (animal feeding stuffs)	1	-
Glassware	-	-
Dental laboratory	-	2
TOTAL	296	12

Factories Act 1961

The following tables contain the prescribed particulars which are required by Section 153(i) of the Factories Act 1961, to be furnished in the Annual Report with respect to matters under parts I and VIII of that Act which are administered by the Council.

Part 1

Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

	Premises on register	Inspections made	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authority	12	13	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	294	169	5	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworks premises)	8	8	1	-
TOTAL	314	190	6	-

Cases in which defects were found

Particulars	No. of cases where defects were found				Cases where prosecutions instituted
	No. Found	No. Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1.)	1	1	-	1	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable temp. (S.3.)	-	-	-	-	-
Inadequate vent. (S.4.)	-	-	-	-	-
Ineffective drainage of floors (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
a) Insufficient	1	1	-	-	-
b) Unsuitable/Defective	5	2	-	4	-
c) Not separate for the sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to the outwork)	3	2	-	-	-
TOTAL	10	6	-	5	-

PART VIII OF THE ACT

Section 133 and 134

Section 133: Number of outworkers in August list required by
Section 133(1)(c):-
Making of wearing apparel - 1

Section 134: 0

FOOD AND DRUGS ACT 1955

FOOD HYGIENE (GENERAL) REGULATIONS 1960

Details of Food Premises

Category	No.	Fitted to comply with Reg. 16	Premises where Reg. 19 applies	Fitted to comply with Reg. 19
Dairies	2	2	2	2
Fish Products	40	40	40	39
Cafes	41	41	41	41
Butchers	48	48	48	48
Bakers/Flour Confectioners	24	24	24	24
Grocers	145	145	145	143
Sweets	46	46	0	0
Greengrocers	11	11	11	11
Ice Cream Manufacturers	4	4	4	4
TOTALS	361	361	315	312

The category "cafes" includes 19 cafes proper
3 cafes attached to multiple stores
7 fish restaurants
12 restaurants attached to public houses/
hotels

This list does not include the following: 1 staff canteen
34 off licences and public
houses
3 cinemas

Giving a grand total of 399 premises where food is handled

Registrations under the Food and Drugs Act S. 16

Manufacture of ice cream	4
Storage and sale of ice cream	203

Manufacture of pressed, potted, pickled and preserved foods 44
(includes 2 fish).

Food Hygiene Regulations 1966

These regulations relate to the standards for market stalls and delivery vehicles and come into operation on the 1st January, 1967. It is hoped that they will be implemented in full as soon as possible.

Food Shops

The number of shops involved in informal action was 30.

Contraventions were as follows:

Provide nailbrush	6
Provide first aid box	4
Dirty/Untidy Shop/Yard	9
Redecoration required	9
Repairs required	4
Provide supply of hot water	3
Give adequate protection to food ...	8
Provide sink	3
Provide bins/Remove refuse	8
Provide clothing accommodation ...	1
TOTAL	55

Poultry Inspection

1.	Number of processing plants	...	...	...	1
2.	Number of visits	...	...	...	20
3.	Number of birds processed during the year	...	...	approx. 46,800	
4.	Type of birds processed	...	...	mainly hens, broilers and capons	
5.	Percentage of birds rejected as unfit for human consumption	...	...	...	2%
6.	Weight of poultry rejected as unfit for human consumption	...	approx. 3,750 lbs.		

General oversight is maintained over the inspection of poultry by the poultry slaughtering staff.

An experienced spotter from the staff of the firm carries out a general visual inspection, removing any suspect poultry for further inspection.

REFUSE AND SALVAGE

Table I - Man Power

Service	Designation	Number
Refuse Collection	Chargehand	1
	Drivers	13
	Carrier/Drivers	3
	Carriers	31
Miscellaneous Collection	Driver/Collector	1
Salvage Collection	Drivers	4
	Mates	4
Refuse Plant	Chargehand	1
	Refuse Sorters	4
	Paper Salvage/Operatives	5
	Incinerator/Operative	1
	Fork Lift Driver	1
	Tin Baler/Operative	1
	Pool Labourers	5
	Tractor Drivers	3
Refuse Disposal Tip	Maintenance Superintendent	1
Vehicle Maintenance	Skilled Mechanics	3
	Semi-Skilled Mechanics	1
Depot Cleansing - Mess Room, Toilets etc.		
	Cleaner	1

Table II - Vehicles

No.	Service	Make	Type	Capacity	Year
1.	Collection	Karrier	Dual Tip (Bulk Containers)	18 Cu.Yd.	1961
2.	Collection	Karrier	Blenheim	20 Cu.Yd.	1962
3.	Collection	Karrier	Blenheim	50 Cu.Yd.	1962
4.	Collection	Karrier	Dual Tip (Bulk Containers)	18 Cu.Yd.	1963
5.	Collection	S.D.	T.Y. Pakamatic	50 Cu.Yd.	1962
6.	Collection	Karrier	Blenheim	20 Cu.Yd.	1962
7.	Collection	S.D.	T.N. Pakamatic	20 Cu.Yd.	1964
8.	Collection	S.D.	T.N. Pakamatic	20 Cu.Yd.	1964
9.	Collection	Karrier		20 Cu.Yd.	1965
10.	Collection	Karrier	Ramillies	35 Cu.Yd.	1966
11.	Collection	Karrier	Ramillies	35 Cu.Yd.	1966
12.	Collection	S.D.	T.N. Pakamatic	20 Cu.Yd.	1967
13.	Collection	S.D.	T.N. Pakamatic	20 Cu.Yd.	1967
1.	Reserve Collection	Karrier	Side Loader	10 Cu.Yd.	1959
2.	Reserve Collection	Karrier	Bin Lift	35 Cu.Yd.	1966
1.	Miscellaneous Collection	Karrier	Van	8 Cu.Yd.	1956
1.	Salvage Collection	Karrier	Van	16 Cu.Yd.	1960
2.	Salvage Collection	Karrier	Van	16 Cu.Yd.	1961
3.	Salvage Collection	Karrier	Van	16 Cu.Yd.	1962
4.	Salvage Collection	Karrier	Van	16 Cu.Yd.	1965
1.	Refuse Disposal	Fordson	Tractor 2000		1965
2.	Refuse Disposal	Fordson	Tractor 2000		1966
3.	Refuse Disposal		International 4 Wheel Drive Tractor Shovel		1967
4.	Refuse Disposal	Karrier	Mark V Side Loader converted lorry used on tip only		1956

Table II (Continued)

No.	Service	Make	Type	Capacity	Year
1.	Refuse Plant		Fork Lift	12 cwt. lift	1961
2.	Refuse Plant		Fork Lift	15 cwt. lift	1966
1.	Miscellaneous	Karrier	Converted lorry for utility use		1958
2.	Miscellaneous	Ford	Van, Drains, Rodent Control, Disinfections	5 cwt.	1961
3.	Miscellaneous	Ford	Van, Supervisory Use	5 cwt.	1963
4.	Miscellaneous	Ford	Van, Utility, used by fitters for break-downs - Stores	15 cwt.	1965
5.	Miscellaneous	K.E.F.	Pedestrian Sweeper - Depot cleansing etc.		1964
1.	Scrapped	S.D.	Fore and Aft (JBE 238)	18 Cu.Yd.	1952
2.	Scrapped	S.D.	Fore and Aft (LFU 117)	18 Cu.Yd.	1954
3.	Scrapped	Karrier	Side Loader Mark V	10 Cu.Yd.	1961
1.	Transferred to Highways	Drott	Tractor		1964

Table III - Weight of Refuse Collected

<u>Year</u>	<u>Tons</u>	<u>Loads</u>	<u>Bins Collected</u>
1962	14,275	12,414	1,229,982
1963	15,448	11,342	1,286,141
1964	17,364	11,290	1,361,137
1965	17,848	11,307	1,402,557
1966	17,668	10,566	1,316,819
1967	18,632	11,075	1,338,180

Table IV - Analysis of Miscellaneous Collection

<u>Description</u>	<u>No. of Collection</u>
Scrap Metal	467
Furniture	1,040
Paper Salvage	1,804
Excess Refuse	883
	<u>4,194</u>
Refuse Direct to Tip - Brick Rubble, Soil, etc.	2,485 Tons

Table V - Details of Weight and Value of Salvage Sold

<u>Material</u>	<u>Weight</u>			<u>Value</u>		
	<u>Tons</u>	<u>Cwt</u>	<u>Qrs</u>	<u>£</u>	<u>s.</u>	<u>d.</u>
Waste Paper	1,683	9	1	15,537	17	9
Baled Tins	807	17	3	3,369	6	0
Rags	84	15	3	453	12	6
Sacking	13	18	1	224	8	9
Carpets	37	6	0	111	18	9
Wool	3	15	0	255	12	6
Wood Wool	5	1	2	76	4	6
Bedding	9	14	3	29	3	6
Non-Ferrous Scrap	5	0	2	196	0	0
Ferrous Scrap	118	6	1	201	1	5
	<u>2,769</u>	<u>5</u>	<u>0</u>	<u>20,455</u>	<u>5</u>	<u>8</u>

PUBLIC CLEANSING COSTING RETURN 1967/8

Operational Statistics

Area	7,895 acres
Population (mid 1967)	71,010
Total of refuse collected	20,318 tons
Total of refuse disposed of	22,918 tons
Premises collected	24,614
Weight per 1,000 population	15.68 cwt

Cost Statement

<u>Revenue Account</u>	Collection £	Disposal £	Total £
Gross expenditure	78,972	50,822	129,794
Gross income	450	21,070	21,520
Net costs	78,522	29,752	108,274
<u>Unit Costs</u>	s. d.	s. d.	s. d.
Gross cost per ton - labour only	33 9	21 8	55 5
Gross cost per ton - transport only	38 1	6 2	44 3
Net cost per ton	77 4	29 3	106 7
Net cost per 1000 pop.	£1,106	£419	£1,525
Net cost per 1000 premises	£3,190	£1,208	£4,398

PUBLIC CONVENIENCES

No new conveniences were built during the year but the relatively new conveniences at Avenue Vivian had to be closed because they were damaged so badly by the General Public that they were unuseable. The repairs required are estimated to cost £1,000, and have not yet been started. The convenience at Furnace Arms has outlived its usefulness and has been closed down. It will not be replaced.

Income

Year	Hosezene	Weighing Machines 40%	Wash-up Receipts	W.C.'s
1959	150 5 10	147 6 8	175 0 1	1,071 14 10
1960	129 6 2	155 14 0	157 13 7	1,145 19 1
1961	111 18 7	149 7 7	160 14 5	1,079 4 0
1962	128 5 9	184 6 8	193 3 8	
1963	99 10 5	132 4 0	100 18 8	
1964	87 13 3	109 4 4	114 12 2	
1965	73 4 3	113 18 9	100 13 0	
1966	61 6 1	136 8 8	74 13 4	
1967	53 18 0	118 1 7	75 5 4	

Number of persons using wash-ups 4,516

Number of persons using weighing machines 23,616

C PERSONAL HEALTH AND WELFARE SECTION

MATERNITY AND CHILD WELFARE SERVICES

No important changes were made in the arrangements for supplying the above services under Section 22 of the National Health Act of 1946 during 1967. The increasing number of clinic sessions of all kinds during 1966, especially those for cervical cytology, had made it increasingly difficult to cover all the doctors sessions with the full time staff available, and towards the end of that year Dr. S. Sikka was employed part time, on a sessional basis, for some Maternity and Child Welfare Clinic sessions. From early in 1967, for a period of nine months, the services of Dr. S. Mason were also employed in this way. At the end of August Dr. J. M. M. O'Regan, who had been employed full time, resigned. Fortunately it was possible to fill the gap left by Dr. O'Regan by the employment, on a part time basis, of Dr. H. L. Laing, almost immediately, and Dr. L. D. Sheard a little later.

The table below shows the attendances at the various clinics. The total attendances made during the year, 27,047, were slightly fewer in 1967 than in 1966, when the number was 28,347.

Clinic	Total making first attendance	Attendances				Examns by Dr.	Innoculated
		Under 1	Under 2	Over 2 Under 5	Total		
Berkeley	226	2168	391	76	2635	174	238
Riddings	696	5365	688	401	6454	934	1465
Ashby	976	7388	974	302	8664	977	1462
Parkinson Avenue	825	4797	424	351	5572	878	1296
Westcliff	411	3272	329	121	3722	449	551

Sessions for taking blood samples from expectant mothers were held in Parkinson Avenue Clinic on the first Monday of every month. 24 expectant mothers attended during 1967.

Relaxation classes for expectant mothers were held at Parkinson Avenue, Ashby and, for the first time, Riddings. 93 mothers made 483 attendances at Parkinson Avenue, 51 mothers made 378 attendances at Ashby and 5 mothers made 2 attendances at Riddings.

A Toddler's clinic continued to be held fortnightly at Parkinson Avenue, and towards the end of the year a similar clinic for toddlers was started at Riddings. At Parkinson Avenue 153 were seen, of whom 141 were found to be completely fit, 6 were referred for treatment and six are being further observed. At Riddings 18 attended; of whom one is being kept under observation, the condition of the rest being found satisfactory.

Ante-natal examinations continued to be carried out by midwives on Thursday afternoons at Parkinson Avenue. 89 mothers attended prenatally for a total of 111 examinations, and 12 mothers attended for post natal examinations.

WELFARE FOODS SERVICE - DISTRIBUTION

	<u>National Dried Milk</u>	<u>Cod Liver Oil</u>	<u>Vitamin A & D Tablets</u>	<u>Orange Juice</u>
Parkinson Avenue	7047	375	472	4453
Ashby	5518	399	390	5400
Riddings	2698	179	137	2386
Berkeley	985	138	114	1919
Westcliff	2226	148	118	2033
TOTALS	18474	1239	1231	16191

Total receipts during the period 1st January 1967 to 31st December 1967 amounted to £3,678 4s. 6d.

CARE OF UNMARRIED MOTHERS

The Lincoln Diocesan Board for Social Welfare continued to act as the agents of the Borough Council in carrying out this service by making appropriate enquiries into cases where difficulties are anticipated and bringing to the Council's notice those cases where financial assistance is required towards the cost of maintenance at a Mother and Baby Home. During 1967 grants were made in 2 cases for accommodation at such homes for periods of 14-16 weeks.

MIDWIFERY SERVICE

At the beginning of 1967 the number of Midwives employed was ten. Two Midwives resigned during the year and were not replaced, as the demand for home Midwifery is gradually falling in the town, owing to the rise in hospital admissions and the falling birth rate.

One Midwife is engaged full time on the care of premature babies - see below. The other Midwives attended 205 mothers at their home confinements, as compared with 262 in 1966. At 26 of these home confinements a doctor was present at the birth, but in the other 179 cases the Midwife officiated alone.

The care of these mothers required 3,415 visits. In addition 4,588 home visits were paid looking after the 779 mothers, who, having had their babies in hospital, returned home before the tenth day.

The ante-natal care of mothers required 5,081 visits to the houses of patients, 102 social visits were paid to see whether home conditions were suitable for home confinements, and 1,380 other visits were found necessary in the course of providing the service. Thus a grand total of 14,566 visits to homes were made by the Borough Midwives in 1967. This is a decrease of 1,097 from the number of visits in 1966, and represents a fall of 7%.

PREMATURE BABY SERVICE

A premature baby is defined as one weighing $5\frac{1}{2}$ lb. or less at birth. It is unfortunate that birth weight is made the sole criterion of prematurity, as perhaps certain infants of short gestational period are incorrectly considered full-term owing to their high birth weight, and some full-term infants incorrectly termed premature because of low birth weight due to defective intra-uterine nutrition, but, for statistical purposes, this classification by birth weight is the only one possible.

74 premature babies were born in Scunthorpe in 1967, as compared with 109 in 1966. Eight of these took place at home, and two of the babies were transferred to hospital, but there were no deaths in this group.

66 babies were born prematurely in hospital, and of this number 10 died. There was one baby of less than 2 lb. 3 oz., and this child died. There were thirteen babies between 2 lb. 3 oz. and 3 lb. 4 oz., and of these 7 died. One of the seven infants between 3 lb. 4 oz. and 4 lb. 6 oz. died, and one of the seventeen children between 4 lb. 6 oz. and 4 lb. 15 oz. also died, but all the other premature babies, those of 5 lb. and over, survived.

The care of the premature babies being nursed at home required 1,270 visits by the premature baby nurse.

THE "AT RISK" REGISTER

The "At Risk" register, started in 1963, represents all those children who are known to have a slightly greater risk of showing some deviation from the normal in their development than other children who have not been brought particularly to the notice of the Health Department. Health Visitors keep an especially watchful eye on these children and their progress is reviewed at regular intervals. If, with the passage of time, the developmental milestones, which were at risk, are successfully passed, the children are removed from the register. If a definite handicap is diagnosed, registration of that fact is made, but they are still retained on the "at Risk" register, as it is unfortunately true that a child with one definite handicap is more likely to have another than another child about whom no information is available.

At the start of 1967, 1066 were on the register. 635 were removed during the year and 369 added, giving a total of 800 on the register at the end of the year.

HEALTH VISITING

During 1967, the position with regard to these very important social workers improved a little in Scunthorpe. At the start of the year, out of an establishment of 16, five posts were filled full-time and one part-time. During the year, though we lost the services of one senior Health Visitor on her retirement, three full-time Health Visitors and one part-time Health Visitor were added to the staff. Thus, at the end of the year it might be considered that half the posts in the establishment were filled; but during most of the year the staffing position was well below the half way level, and this is reflected in the fall in the number of home visits paid by Health Visitors in addition to their duties in the supervision of clinic sessions, which duties must take priority.

As itemised below, 8,085 home visits were paid by the Health Visitors in 1967, compared with 9,726 in 1966, a fall of 17%.

<u>Type of case</u>	<u>No. of visits</u>
Children under 2	3519
Children 2-5	3863
Mentally disordered persons	215
Discharges from hospital	17
School children	346
Infectious disease cases	1
Other cases	294
	<hr/>
	8085
	<hr/>

GERIATRIC VISITORS

This important service continued to develop during 1967. At the end of 1966 the Geriatric Visitors were already in action as reported in my report for that year.. During 1967 four more nurses were recruited to the service and there was one resignation, so at the end of 1967 five Geriatric Visitors were being employed in this branch of Health and Welfare work.

These nurses work in close co-operation with general practitioners maintaining contact, on behalf of the general practitioner, with the old people in his practice. They serve as two-way channels of information, keeping the general practitioner informed about his patient and keeping the patient informed about the social services available to him or her. When properly used, these social services may have a very beneficial effect on the old persons comfort and ambulance. By September 1967 there was a Geriatric Visitor attached to every practice in the town.

During 1967 the Geriatric Visitors made a total of 2,570 visits to the homes of senior citizens in Scunthorpe.

HOME NURSING SERVICE

The equivalent of sixteen full-time Home Nurses were busily employed throughout the year. On the 1st January, 289 cases were being nursed and 1,196 new cases came under treatment during the year. Of these new cases 474 were medical, 719 were surgical, 1 tuberculosis and the other cases were of infectious diseases. Of all the cases nursed 90 were under five and 367 over sixty-five. The care of these patients required 6,018 visits by the Home Nurses during 1967, 750 less than in 1966.

BATHING SERVICE

Total visits by Bathing Attendants - 4,153.

This was the first full year in which the equivalent of two whole-time workers were employed in this very important service, which adds greatly to the comfort and hygiene of patients nursed in their own homes, while sparing the domestic nursing staff for their essentially nursing duties. 4,153 visits were paid by the bathing attendants in 1967, compared with 2,658 in 1966, an increase of 56%.

ESSENTIAL LAUNDRY SERVICE

After discussions and negotiations which commenced in 1964, the above service actually started on 1st January, 1967.

This service is complementary to the Home Nursing Service in that it provides for the free issue, collection and laundering of draw sheets as required, on the recommendation of any doctor or a member of the Health and Welfare Department staff.

During the year 198 cases used the service, of which 193 were 60 years and over. In 116 cases the service was required for a period in excess of three months.

LOAN OF NURSING EQUIPMENT

Under this scheme, items of nursing equipment are available for issue on loan to patients to be nursed at home. Amongst the major items issued during 1967 were 41 commodes, 23 rubber-foam mattresses, 7 self-lifting poles, 18 bedstands, and 62 wheelchairs.

10,500 incontinence underpads were issued during 1967 at a total cost of £171 2s. 6d. As compared with 1966 when 12,000 were issued at a cost of £228, this is a decrease of 12.5% in number but 25% in cost. The relatively greater decrease in cost is accounted for by the department's decision from the beginning of the 1967-1968 financial year - April 1967 - to go in for bulk buying.

TUBERCULOSIS 1967

There was a slight increase during the year of the number of persons in the Borough registered as suffering from tuberculosis, 249 persons being so registered at the end of 1967, compared with 240 persons so registered at the end of 1966.

<u>Year</u>	<u>New Cases</u>		<u>Cases on Borough Register</u>			<u>Deaths</u>		<u>Total</u>
	<u>Pul- monary</u>	<u>Non Pul- monary</u>	<u>Total</u>	<u>Pul- monary</u>	<u>Non Pul- monary</u>	<u>Pul- monary</u>	<u>Non Pul- monary</u>	
1958	26	6	32	333	62	3	1	4
1959	19	3	22	326	65	3	-	3
1960	18	1	19	337	57	2	-	2
1961	14	2	16	216	22	1	-	1
1962	21	2	23	235	24	2	-	2
1963	19	4	23	246	27	-	1	1
1964	13	4	17	250	28	1	-	1
1965	19	2	21	264	29	1	-	1
1966	15	-	15	211	29	2	-	2
1967	19	4	23	234	34	2	-	2

<u>Age</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulm.</u>		<u>Non Pulm.</u>		<u>Pulm.</u>		<u>Non Pulm.</u>	
	M.	F.	M.	F.	M.	F.	M.	F.
0-	-	-	-	-	-	-	-	-
5-	1	1	-	-	-	-	-	-
10-	-	-	-	-	-	-	-	-
15-	-	1	-	-	-	-	-	-
20-	-	-	-	1	-	-	-	-
25-	4	-	-	-	-	-	-	-
35-	1	1	1	2	-	-	-	-
45-	3	-	-	-	-	-	-	-
55-	5	-	-	-	1	-	-	-
65 and over	2	-	-	-	1	-	-	-

TUBERCULOSIS 1967

Registered Cases	PULMONARY				NON-PULMONARY			GRAND TOTAL
	M.	F.	Children	Total	M.	F.	Children	Total
No. of cases on T.B. register on 31.12.66 Transferred in from other areas during the year New cases notified during the year	121	69	21	211	11	13	5	29
	2	1	1	4	1	-	-	1
	13	4	2	19	1	3	-	4
TOTAL	136	74	24	234	13	16	5	34
Number of cases written off the Register								
	1	-	-	1	-	-	-	-
	6	1	1	8	-	-	-	-
	-	-	-	-	-	-	-	-
	1	-	-	1	-	-	-	-
	2	-	-	2	-	-	-	-
(6) Deaths from other causes	7	-	-	7	-	-	-	-
TOTAL	17	1	1	19	-	-	-	-
No. of cases on T.B. Register on 31.12.67	119	73	23	215	13	16	5	34
								249

TUBERCULIN TEST AND B.C.G. VACCINATION

CONTACTS

No. skin tested	688
No. found positive	12
No. found negative	670
No. vaccinated	83

SCHOOL CHILDREN

No. skin tested	975
No. found positive	42
No. found negative	920
No. vaccinated	918

CERVICAL AND BREAST CANCER SCREENING SERVICE

This service continued without alteration during 1967, 292 women being examined at 38 sessions at Parkinson Avenue Clinic, and 953 women being examined at 88 sessions at Ashby Clinic.

Out of the total of 1,245 cases examined, 16 were found to be positive, or 1.28%. This is a higher rate than in 1966, when 0.82% of slides were positive.

In addition 54 cases were described as suspicious, in that they showed "abnormal cells, which, though falling short of the description of malignant cells, nevertheless deviate sufficiently from the norm to create apprehension". These cases are being carefully followed up.

In 11 cases it proved impossible to exclude breast cancer on manual examination, and these cases were referred to their general practitioners for further advice.

In 45 cases other minor conditions, not connected with malignant disease and often unsuspected by the patient, were discovered during the examination and referred to the general practitioner.

THE MARIE CURIE MEMORIAL FOUNDATION AREA WELFARE GRANT SCHEME

The above scheme is organised by the Marie Curie Memorial Foundation on a national scale so that help "in kind" may be given to necessitous cancer patients immediately the need is apparent, and without any administrative delay. The scheme is operated locally by the Medical Officer of Health and the Superintendent Nursing Officer, who are given block grants of money for distribution as considered necessary. The Medical Officer of Health acts as the agent of the Foundation through an imprest account to be used at his discretion, and accounted for retrospectively.

£2 19s. 9d. was expended under this scheme during 1967.

The "Day and Night Nursing Service" of the same Foundation allows nursing care to be provided at home during emergency periods. It is designed to enable relatives to obtain adequate rest periods from their nursing responsibilities when, for example, a cancer patient is awaiting admission to hospital, or during the terminal stages of the disease. During 1967, £70 18s. 3d. was expended in supplying this service in Scunthorpe.

POLIOMYLITIS VACCINATIONS 1967

<u>Year of Birth</u>	<u>Sabin</u>		<u>Salk</u>		
	Initial	Booster	Initial	3rds	4ths
1967	351	2	-	-	-
1966	688	25	4	1	-
1965	168	51	2	6	-
1964	75	19	1	4	-
1963	23	40	-	2	1
1962	85	373	-	7	8
1961	29	57	-	2	4
1960	9	25	-	-	3
1959	3	16	-	-	-
1958	3	7	-	-	1
1957	2	1	-	-	-
1956	2	5	-	-	1
1955 & earlier	7	4	-	-	-
TOTAL	1,445	625	7	22	18

VACCINATIONS AND IMMUNISATIONS

1967	under 1	1 yr.	2 yr.	3 yr.	4 yr.	5-9	10-14	Total
Initial Quad.	-	-	1	-	-	-	-	1
Diphtheria Init.	-	-	-	-	-	-	-	-
Diphtheria Booster	-	1	-	-	1	6	-	8
Diphtheria/ Whooping Cough	-	-	-	-	-	-	-	-
Triple Init.	397	679	138	57	17	39	-	1327
Triple Booster	4	40	78	15	18	198	2	355
Diphtheria/ Tetanus Init.	2	5	1	1	-	47	2	58
Diphtheria/Tetanus Booster	2	1	24	1	38	672	1	739
Pertussis	-	-	-	-	-	-	-	-
Pertussis/Tetanus	-	-	-	-	-	-	-	-

	Under 1	1-4 yr.	5-15 yr.	Total
Smallpox Vaccination	10	503	74	587
Smallpox Re-Vaccination	-	-	24	24

	Under 1	1-4 yr.	5-14 yr.	15 & Over	Total
Tetanus Initial	3	4	64	243	314
Tetanus Booster	-	5	45	84	134

HEALTH EDUCATION

The Borough was still without the services of an officer trained in the techniques of and able to devote time to this very important field in 1967. The background work of day to day instruction on health matters by members of the Health and Welfare staff direct to the members of the public that they met in the course of their duties continued, as did the distribution of pamphlets and advertising matter and the displays in the Health Department itself. In addition, the following talks were given by members of the Health and Welfare Department.

The Medical Officer of Health gave 4 lectures to different groups of nurses.

Mrs. O'Reilly, Superintendent Nursing Officer, gave twenty-one lectures to various groups or societies during the year. Nurse Denny, the Premature Baby Nurse, gave four lectures on the subject of the care of premature babies.

Miss Bale one of the Geriatric Visitors, gave a talk to the Lindsey Association for the Elderly on the subject of her work.

Miss Davis, Health Visitor, gave a talk to student nurses on the Local Authority Health Services.

Mrs. Sutherland gave a series of talks on Mothercraft to senior girls at the Ashby High School.

Mrs. Laverick, Home Help Supervisor, gave eleven talks about this branch of social work.

Lectures given by Public Health Inspectors

Women's Organisations	- Refuse Disposal	- 4
Students	- Meat Inspection	- 2
	Refuse Disposal	- 2
	Food Hygiene	- 2
	Duties of a P.H.I.	- 2

All of the lectures given by Public Health Inspectors were during the day.

CHIROPODY

The services of three Chiropodists were available in the Borough during most of the year, but one chiropodist resigned at the end of October, and had not been replaced at the end of the year.

A total of 9,131 treatments were given to 1760 persons during the year. As compared with 1966, when 7,524 treatments were given to 1,522 patients, 21% more treatments were given to 16% more patients, i.e. a greater number of patients got an even better service. On average, each patient was given 5.2 treatments.

Of the treatments, 303 were given at the Lindsey County Council Old Peoples Homes, 5,604 were given at the Borough Clinics, and 3,224 were given in homes of those patients unable to travel to the clinics. The great majority of patients treated were elderly, but 35 were physically handicapped, 16 were expectant mothers, and 3 mentally subnormal.

HOME HELP AND SITTER-IN-SERVICE

The table below summarizes these services for 1967. Taking both the services together, it will be seen that 459 cases received $85,327\frac{3}{4}$ hours of service, as compared with 1966 when 461 cases received 77,653 hours of service. It will be noted that the number of cases is practically the same as in 1966, but that the cases required to be given nearly 10% more hours of service.

The aged have always absorbed a large proportion of this service, which proportion has varied, in the past, from one half to two thirds of the total service given. This year the proportion of the service devoted to the needs of the aged reached three quarters. This accounts for the increase in the number of hours service required for each case. Once an old person has reached the stage of requiring home help, that requirement is likely to be permanent and to last all the year. Thus a greater number of hours of service is usually required for an "aged" case than for a maternity case, which may require more hours service per day for the period of need, but in which the period of need is of limited duration. The decline in the need of home help in maternity cases reflects the increasing proportion of hospital confinements in the town.

At the end of the year 105 home helps and two sitter-ins were being employed on a part-time basis.

On 162 occasions when the Home Help service was asked for, investigation revealed an alternative solution to the problem, and that the Home Help service was not, in fact, required.

NUMBER OF CASES SUPPLIED WITH DOMESTIC HELP

HOME HELP SERVICES	Aged	Sick & T.B.	M.D.	Maternity	Others	Problem Families	TOTAL
No. of Cases supplied	332	35	7	25	47	8	454
No. of Hours supplied	61,071	9,688	$86\frac{1}{2}$	$1,531\frac{1}{4}$	$8,298\frac{3}{4}$	$1,932\frac{1}{4}$	$82,607\frac{3}{4}$
SITTER-IN SERVICE							
No. of Cases supplied	3	2					5
No. of Hours supplied	$806\frac{3}{4}$	$1,913\frac{1}{4}$					2,720

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MENTAL HEALTH SERVICES

On the 11th September, 1967, Mr. E. Armstrong, commenced a one year course for the certificate of social work at Manchester College of Commerce. On the 1st September Mr. T. Baker commenced work as Temporary Mental Welfare Officer in the Department.

Throughout the whole of 1967 the Ladies' Friendship Circle, under the guidance of Mrs. A. Cropper and Miss J. E. Minnis continued to hold social gatherings and craft sessions. Three half days weekly are devoted to these activities. Alternate Wednesday afternoon meetings were continued and talks were given on "Textiles - Your Local Library - Youth Work - Quakerism - Health Foods - Jewellery - How to enjoy Music - Housing Welfare - The R.S.P.C.A. - A Visit to Germany - Luneburg Our Twin", etc. Outings took place to "Aida", a Quaker meeting and the pantomime. In December the Salvation Army Ladies Choir gave a carol concert.

In February an experiment was tried with morning craft sessions under the auspices of a member who was also a craft instructress. These sessions proved so successful that they were held every Tuesday and Thursday mornings and alternate Wednesday afternoons.

On the 29th November a full time sale of work and coffee evening took place at Brumby Community Centre and entertainment was provided by the Campbell Dancing Troupe.

On the 22nd November, 1967, the Men's Social Group commenced their craft and social activities. This is being held one half day weekly at present, but it is hoped to increase these sessions in order to separate the craft from the social activities.

During the year 109 Social Histories were supplied to the Consultant Psychiatrists and the Mental Welfare Officers paid 6,254 supervisory visits during the year, slightly fewer than in 1966, when 6,406 visits were paid.

Admissions to hospital or guardianship was arranged by the Mental Welfare Officers on the following occasions, arranged according to the Sections of the Act under which action was taken:

Under Section 5 -	21 occasions
Under Section 25 -	30 occasions
Under Section 26 -	15 occasions
Under Section 29 -	26 occasions
Under Section 60 -	6 occasions
Under Section 43 -	2 occasions
Under Section 33 -	1 occasion

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS - 1967

As shown in the table, 140 persons were registered as blind (at 31.12.66.). During 1967 22 new registrations were made; 2 cases already registered whilst resident elsewhere were transferred to this Authority; 13 cases on the register died; 5 left the area; thus at the end of the year 146 persons in the Borough were registered as blind.

The number registered as partially sighted decreased by 3. There were 3 new registrations and one transfer into the area; there was one transfer out to another Authority and two, whose sight had deteriorated, were transferred to the blind register. There were 4 deaths.

All persons on the registers have been visited monthly; of the 49 persons in the age group 16-65, 21 are in employment, i.e., 12 in sheltered employment, 3 under the home worker scheme, and 6 under ordinary employment conditions. This includes both blind and partially sighted. The remaining 28 are either not available for, or not capable of, employment.

A weekly craft class is held under the auspices of the Lindsey Blind Society. Activities are mainly of an occupational nature including basketry and a variety of knitted goods. There is a ready sale for articles produced. The position with regard to craft activities by the blind improved enormously towards the end of the year with the opening of the Social Craft Training Centre at 34 High Street, to which centre most of the blind persons, who formerly had to work at home, have transferred their activities.

Meetings of a social nature are held monthly at which programmes of interest to blind people are presented; transport to these meetings is provided by the Lindsey Blind Society.

All the services available through the various voluntary Societies are made use of i.e., radio sets, talking books, braille books, dominoes, games, watches, etc., through the R.N.I.B., at special concession rates.

During the summer, holidays were arranged for 12 blind persons at R.N.I.B. homes.

During the course of all activities of a craft and social nature much has depended on the willing and cheerful assistance of our group of voluntary workers. This, plus the co-ordination and assistance of various statutory authorities has done a great deal to promote the welfare of blind and partially sighted persons within the Borough.

The following table shows the number of persons registered as blind in the Borough during 1967:

	Male	Female	Total
Number on Register at 31st December 1966	61	79	140
Number of Scunthorpe people registered in 1967 (1 transferred from partially sighted register)	7	15	22
Number of registered blind persons moving to this area in 1967	-	2	2
TOTAL	68	96	164

Removals from register by:

1) Removals to other area	2	3	5
2) Recovery of partial vision (registered on partially sighted register)	-	-	-
3) Deaths	5	8	13
TOTAL on register at end of year	61	85	146

The Register of the partially sighted is as follows:

	Male	Female	Total
On Register at 31st December	18	20	38
Added to register during 1967	-	3	3
Registered persons transferring to this area during 1967	-	1	1
TOTAL	18	24	42

Removals from register by:

1) Transfer to other areas	1	-	1
2) Transfer to blind register	1	1	2
3) Deaths	2	2	4
TOTAL on register at end of year	14	21	35

WELFARE OF THE PHYSICALLY HANDICAPPED

No. of persons registered as physically handicapped at end of 1966	Cases deleted from register during 1967	Additions to register during 1967	Total on the register at 31.12.67.
218	31	67	254

As shown above, the number of persons in Scunthorpe registered with the Local Authority as being seriously and permanently physically handicapped rose during 1967 from 218 to 254.

As part of the statutory provision for the welfare of these persons, structural alterations and adaptations have been made at twenty different premises. The works undertaken at the various premises have varied widely in complexity and scope, but all have been intended to improve the comfort and mobility of the handicapped individual. The works have included the provision of concrete ramps, the provision of hand-rails and hand-grips, the repositioning of toilets and wash-hand basins, the provision of downstairs bathrooms, the widening and straightening of paths, the concreting and wiring of garages and the repair of "rocking chair" rockers.

173 aids and appliances were issued during the year on long term loan to help to overcome disabilities.

Miss Grindell, the Borough Welfare Officer for the Physically Handicapped, visits regularly all persons on the register, putting them in touch, as necessary, with other branches of the Health Department, such as the Home Help Service, the Bathing Service, the Essential Laundry Service and the Chiropody Service, and also with the Scunthorpe Branch of the Lindsey Society for the Handicapped, which is concerned in the organisation of fund-raising activities and in the provision of social amenities for the physically handicapped. The social work of the Lindsey Society for the Handicapped in 1967 included the organisation of an afternoon Social Club every fortnight at Bughtric House, of holidays for both groups and individuals, an outing to the theatre, the provision of television and radio licences, and a bi-yearly Church Service. The indoor archery for the disabled was discontinued in December, 1967, but the outdoor archery will continue. The County Rally for the Disabled, held at R.A.F. Hemswell in July, was attended by 39 disabled and 41 relatives and friends from Scunthorpe.

In carrying out her welfare and social work during 1967 the Borough Welfare Officer for the Physically Disabled paid 1448 visits to the homes of the disabled, and 405 other visits organising services for them.

The following table shows the ages and disabilities of the physically handicapped persons in Scunthorpe, the disabilities being coded in accordance with the Medical Research Council Code.

Disability	Age 0-15	Age 16-29	Age 30-49	Age 50-64	Age 65-	Total
Amputation			3	6	6	15
Congenital Malformations and Deformities	3	5	4	1	2	15
Arthritis and Pheumatism			1	14	43	58
Diseases of the Heart, Respiratory, Digestive, Genito-Urinary Systems		3	1	11	12	27
Injuries of Face, Neck Abdomen and Upper and Lower Limbs	2	3	6	10	22	43
Organic Nervous Diseases	2	18	19	19	32	90
Neuroses, Phychosies and other Nervous Disorders	-	1	-	-	-	1
Tuberculosis	-	-	1	-	-	1
Diseases and Injuries not specified above	2	-	-	1	1	4
TOTAL	9	30	35	62	118	254

THE SOCIAL CRAFT TRAINING CENTRE, 34 HIGH STREET

On 4th October, 1967, the ground floor of the former Council premises at the above address, which had been extensively renovated and made easy of access to wheelchairs, was handed over to the Health and Welfare Department for the use of blind and physically handicapped persons.

The new premises were formally opened on 7th December, 1967, by Mrs. M. B. Duffelen, the wife of the Chairman of the Health and Welfare Committee, who accepted, on behalf of the blind users of the centre, a tape recorder presented by Mrs. B. Hill.

Pictures to hang on the walls of the premises were presented by the Red Cross, and the Local Nurses and Midwives raised £100 for the supply of extra equipment.

The premises include a lounge, a spacious craft-room with good storage facilities, and a modern kitchen. The toilet accommodation has been specially adapted for the use of handicapped people.

The use of the premises has permitted a great increase in the craft work for the blind, which has up to now been considerably hindered by lack of space. About 180 blind persons were attending weekly by the end of the year.

THE REMEDIAL RECREATION CENTRE, OSWALD ROAD

The Scunthorpe Remedial Recreation Club, a local voluntary society formed for the purpose of helping the disabled, has for many years, in addition to its other activities, maintained a centre, with a workshop for the disabled, at 98 Oswald Road.

In 1966 the Borough Council became the owners of both 98 Oswald Road and the adjoining property. Plans were put into effect to merge the two semi-detached houses into one improved centre, to be let to the Remedial Recreation Club at a nominal rent. These alterations were approaching completion at the end of 1967.

At the request of the Remedial Recreation Club the Health and Welfare Department took over responsibility for the day to day running of the remedial workshops.

It was possible to provide an instructor and a social worker to assist with the running of the workshops and the centre, and though the activities in the centre itself have necessarily been restricted by the alterations taking place, eleven members of the club have maintained steady and productive attendance at the workshops.

Items made in the workshop included stepladders, wheelbarrows, ironing boards and clothes horses.

WELFARE OF THE DEAF

During 1967, the Lincolnshire Deaf Committee continued to be responsible for the Welfare services for all people in the Borough registered as deaf.

Mr. K. D. Jones, continued as Social Welfare Officer for the Deaf, together with Mrs. K. D. Jones, also a Social Welfare Officer for the Deaf, but on a part-time basis.

At the end of 1967, 16 persons in Scunthorpe were registered as Deaf without speech, inasmuch as they had no useful hearing and their usual mode of communication was by signs, finger-spelling or writing, 8 were registered as deaf with speech, inasmuch as, with or without a hearing aid, they had little or no useful hearing but normally communicated by speech, listening and lip-reading, and 5 were registered as hard of hearing, inasmuch as they had, with a hearing aid, some useful hearing and normally communicated by speech, listening and lip-reading.

In addition to the above 23 children under sixteen are registered as being in need of the welfare services for the deaf.

NURSERIES AND CHILD-MINDERS REGULATION ACT 1948

Under this Act the Council must keep registers of persons in their area who for reward receive into their homes children under the age of five to be looked after for a day, or a substantial part thereof, or for any longer period not exceeding six days.

In 1967 two persons were registered in accordance with the above Act, bringing the total of registered childminders in the Borough to seven.

D SCHOOL HEALTH SECTION

REPORT OF THE SCHOOL MEDICAL OFFICER

This year the question of the high rate of heart defects recorded at medical examination of Scunthorpe children as compared with Lindsey children was clarified by the very full and complete investigation of a detached and scientific observer.

Dr. A. V. Sheard, Assistant County Medical Officer, Lindsey, while following the course of studies leading to his being awarded the academic Postgraduate Diploma in Public Health, chose as the subject for his dissertation "A Survey of the Cardiac Disorders in a School Population". Owing to the interest aroused in the past by Scunthorpe's apparently unusual figures for heart defects, Dr. Sheard chose Scunthorpe as the place in which to study a school population with special reference to its Cardiac Disorders.

The investigation included all the children with recorded heart defects at the schools in the Borough, and also those at two schools just outside the Borough, Frederick Gough and Bottesford Primary.

Dr. Sheard has very kindly given me permission to publish from his Report which runs to some 65 pages and I have selected his Introduction and his Summary which together give a good résumé of the complete survey.

"INTRODUCTION"

During the last 5 years the Principal School Medical Officer for Lindsey has recorded in his annual reports a difference in the prevalence of congenital heart defects between the Borough of Scunthorpe and the surrounding County of Lindsey.

The rates per 1,000 school children for 1963-5 are:

	Lindsey	Scunthorpe
1963	1.0	7.3
1964	1.0	7.9
1965	1.9	5.6

The rates for Scunthorpe are higher for a number of other conditions as well, but not so markedly as for heart disorders.

There has been some speculation as to what the cause of this difference might be, and comment in the local press. I thought it would be worthwhile, therefore, to examine the cases in Scunthorpe again and to look for possible causative factors.

Very little is known about the causes of congenital disorders, cardiac or otherwise. What is known is mainly of a descriptive nature; the results of large-scale epidemiological enquiries and the studies of families by geneticists.

The present state of knowledge is similar to that for the infectious diseases 100 years ago before the discovery of bacteria, and the hope is that a similar breakthrough in understanding will one day make the cause of congenital malformations equally clear. Whether this will come from an embryologist, an epidemiologist or a clinician remains to be seen.

SUMMARY

There are 36 schoolchildren in Scunthorpe with congenital heart defects. This is a rate of 2.4/1000 children, which is about the same as in other areas where surveys have been carried out.

It seems likely that the differences in the recorded rates for heart defects between Scunthorpe and Lindsey children are the result of differing criteria for the recording of non-organic murmurs at medical examinations.

Very few of the affected children are seriously disabled. 7 of the most severe defects have been corrected by surgery. None are so disabled as to require placement in special schools.

There are more girls than boys with the defects, which was an unexpected finding. The girls are mostly a little below the average in height and weight for their ages.

There are only 2 children in the schools with rheumatic heart disorders.

The enquiries have not revealed any evidence of particular causes of the congenital defects, either hereditary or enviromental."

There now seems to be no room for any doubt about the source of the discrepancies between the Borough of Scunthorpe and Lindsey County Council figures. These discrepancies have been commented on year after year by the County Medical Officer with the inference that the health of the Scunthorpe children is inferior to that of the County Children and therefore that the Borough should investigate so that this negative balance can be reduced by positive action.

Our own investigations have repeatedly indicated that the fault lay elsewhere and not in the actual health of the children and this last report added to the previous investigations has in my opinion proved conclusively that the Borough School Medical Officers bring to their job a great deal of skill and care and attention to detail both in the examination of children and in the recording of the defects found, and I now suggest that the County Medical Officer questions his own figures wherever they disagree too noticeably with the Borough returns.

SCUNTHORPE SCHOOLS 1967

I am indebted to Mr. J. Edmonds, Borough Education Officer, for the following information showing the number of boys and girls in each school in the Borough during 1967.

NUMBERS ON ROLL IN BOROUGH SCHOOLS

Number on Roll

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Ashby Infants' School	112	129	241
Ashby Junior School	130	128	258
Ashby Girls' Secondary School	-	562	562
Blessed Augustine Webster Primary	158	130	288
Brumby Junior Boys' School	353	-	353
Brumby Junior Girls' School	-	256	256
Brumby Secondary School	609	42	651
Bushfield Road Infants' School	97	82	179
Crosby Infants' School	161	195	356
Crosby Junior School	273	229	502
Enderby Road Infants' School	132	108	240
Foxhills Secondary School	367	323	690
Frodingham Infants' School	178	162	340
Grange Lane Infants' School	152	130	282
Grange Lane Junior School	177	150	327
Henderson Avenue Infants' School	194	173	367
Henderson Avenue Junior School	273	259	532
John Leggott Grammar School	393	403	796
Lincoln Gardens Infants' School	126	104	230
Lincoln Gardens Junior School	173	160	333
Parkwood Infants' School	99	87	186
Parkwood Junior School	92	75	167
Priory Lane Infants' School	141	132	273
Priory Lane Junior School	229	198	427
Riddings Infants' School	168	151	319
Riddings Junior School	253	204	457
Riddings Secondary School	385	402	787
Rochdale Road Junior School	149	162	311
Scunthorpe C.E. Primary School	177	159	336
Scunthorpe Grammar School	314	378	692
Scunthorpe Secondary School	332	305	637
St Bede's R.C. Secondary School	152	157	309
St. Bernadette's R.C. Primary School	238	264	502
St. Hugh's Special School	91	66	157
Thomas Sumpter Secondary School	421	370	791
Westcliff Infants' School	155	151	306
Westcliff Junior School	231	220	451
TOTALS	<u>7,685</u>	<u>7,206</u>	<u>14,891</u>

Children found unsuitable for education at school, during the
calender year ended 31st December, 1967:

Number of children who were the subject of new decisions
recorded under Section 57(4) of the Education Act, 1944 ... 7

A.

	Meningitis	Scarlet Fever	Enteritis	Measles	Dysentery	Impetigo	Chicken Pox	Mumps	Erysipelas
Ashby Infants	-	4	-	31	3	-	32	44	-
Ashby Junior	-	2	-	-	-	-	-	1	-
Ashby Secondary	-	-	-	-	-	-	-	1	-
Brumby Junior	-	-	1	-	-	-	1	1	-
Brumby Secondary	-	-	-	-	-	-	-	-	-
Bushfield Road Infants	-	1	-	9	-	-	15	-	-
Crosby Infants	-	3	-	-	-	-	1	11	-
Crosby Junior	-	2	-	-	1	-	-	-	-
Enderby Road Infants	-	-	-	6	1	-	-	-	-
Foxhills Secondary	-	-	-	-	1	-	-	3	-
Frodingham Infants	-	3	-	2	2	-	83	53	-
Grange Lane Infants	-	11	-	13	5	-	18	28	-
Grange Lane Junior	-	-	-	-	3	-	-	-	1
Henderson Avenue Infants	-	1	-	4	-	-	-	1	-
Henderson Avenue Junior	-	-	-	1	-	-	-	-	-
John Leggott Grammar	-	-	-	-	-	-	2	-	-
Leys Farm Junior	-	-	-	1	-	-	-	-	-
Lincoln Gardens Infants	-	1	-	7	3	-	-	-	-
Lincoln Gardens Junior	-	-	-	-	-	-	-	-	-
Lynton Preparatory	-	-	-	8	-	-	-	-	-
Parkwood Infants	-	1	-	2	2	-	29	5	-
Parkwood Junior	-	1	-	1	1	-	-	-	-
Priory Lane Infants	-	2	2	18	4	-	61	53	-
Priory Lane Junior	-	-	-	-	3	2	2	2	-
Riddings Infants	-	4	-	29	2	1	35	14	-
Riddings Junior	-	-	-	2	-	-	2	-	-
Riddings Secondary	-	-	-	-	-	-	-	-	-
Rochdale Road Junior	-	-	-	-	-	-	2	1	-
Scunthorpe C.E. Primary	-	-	1	-	1	-	19	8	-
Scunthorpe Grammar	-	-	-	-	-	-	1	-	-
Scunthorpe Secondary	-	-	-	1	-	-	-	-	-
St. Bedes	-	-	-	-	-	-	-	-	-
St. Bernadettes	-	1	-	4	2	-	-	-	-
St. Hughs	-	-	-	-	1	-	-	-	-
St. Lukes	-	-	-	7	-	-	-	-	-
Thomas Sumpter	1	-	-	3	-	-	-	-	-
Westcliff Infants	-	1	-	35	6	1	16	8	-
Westcliff Junior	-	-	-	4	-	-	-	-	-
TOTAL	1	38	4	188	41	4	319	234	1

B.

	Pneumonia	Scabies	Whooping Cough	Infective Hepatitis	Tuberculosis	Rubella	Observation	TOTAL
Ashby Infants	-	-	10	1	-	2	1	128
Ashby Junior	-	-	1	2	-	-	-	7
Ashby Secondary	-	-	-	2	-	-	-	3
Brumby Junior	-	-	-	4	-	-	1	8
Brumby Secondary	-	-	2	2	-	-	1	5
Bushfield Road Infants	-	-	4	-	-	-	-	29
Crosby Infants	-	-	13	-	-	2	-	30
Crosby Junior	-	-	1	1	1	-	2	8
Enderby Road Infants	-	-	-	-	1	-	-	8
Foxhills Secondary	-	-	-	-	-	-	2	6
Frodingham Infants	-	-	7	4	-	-	3	157
Grange Lane Infants	-	-	12	1	-	7	4	99
Grange Lane Junior	-	-	2	-	-	-	-	6
Henderson Avenue Infants	-	-	6	1	-	-	2	15
Henderson Avenue Junior	-	-	-	1	-	-	-	2
John Leggot Grammar	-	-	-	2	-	-	-	4
Leys Farm Junior	1	-	1	-	-	-	-	3
Lincoln Gardens Infants	-	-	1	-	-	-	2	14
Lincoln Gardens Junior	-	-	1	-	-	-	1	2
Lynton Preparatory	-	-	-	-	-	-	-	8
Parkwood Infants	-	-	10	-	-	-	2	51
Parkwood Junior	-	-	-	-	-	-	1	4
Priory Lane Infants	-	-	18	-	-	4	4	166
Priory Lane Junior	-	-	5	1	-	2	3	20
Priory Lane Junior	-	-	5	1	-	2	3	20
Riddings Infants	-	-	11	-	-	72	6	174
Riddings Junior	-	-	2	-	-	-	-	6
Riddings Secondary	-	-	1	2	-	-	3	6
Rochdale Road Junior	-	-	-	2	-	-	-	5
Scunthorpe C.E. Primary	-	11	2	-	-	2	5	49
Scunthorpe Grammar	-	-	1	1	-	-	-	3
Scunthorpe Secondary	-	-	2	2	-	-	1	6
St. Bedes	-	-	2	2	-	-	-	4
St. Bernadettes	-	-	4	1	-	-	4	16
St. Hughs	-	-	-	2	-	-	-	3
St. Lukes	-	-	-	-	-	-	-	7
Thomas Sumpter	-	-	2	2	-	-	-	8
Westcliff Infants	-	-	16	-	-	-	8	91
Westcliff Junior	-	-	2	-	-	-	-	6
TOTAL	1	11	139	36	2	91	57	1,167

SCHOOL MEDICAL INSPECTIONS, 1967

Defect Code No.	Defect or Disease	Periodic Inspection		Others		TOTAL
		Entrants (1st Age Group) Requiring treatment Requiring observation	Leavers (3rd Age Group) Requiring treatment Requiring observation	Requiring treatment Requiring observation	Requiring treatment Requiring observation	Requiring observation
4	Skin	33	22	1	34	89
5	Eyes - a. Vision	37	256	53	236	529
	b. Squint	67	26	-	61	154
	c. Other	2	1	-	1	4
6	Ears - a. Hearing	14	10	2	12	36
	b. Otitis Media	17	7	-	5	29
7	Nose & Throat	2	-	-	3	5
8	Speech	22	6	4	6	34
9	Lymphatic Glands	6	-	3	1	7
10	Heart	-	-	-	-	-
11	Lungs	15	7	1	12	34
12	Developmental -	38	14	2	16	68
	a. Hernia	5	-	-	-	5
	b. Other	6	7	18	11	24
13	Orthopaedic -	1	1	1	-	2
	a. Posture	12	6	1	13	31
	b. Feet	13	13	4	4	30
	c. Other	1	1	1	-	2
14	Nervous System -	2	2	-	2	6
	a. Epilepsy	1	-	-	1	2
	b. Other	8	27	2	41	76
15	Psychological -	11	9	3	36	56
	a. Development	1	1	-	3	5
	b. Stability	16	11	2	12	39
16	Abdomen					
17	Other					

A.

SCHOOL MEDICAL INSPECTIONS 1967

Defect Code No.	Defect or Disease	Requiring treatment	Requiring treatment per 1,000 examined	Requiring observations
4	Skin	89	21.5	14
5	Eyes - a. Vision	529	127.9	149
	b. Squint	154	37.2	3
	c. Other	4	0.9	2
6	Ears - a. Hearing	36	8.7	56
	b. Otitis Media	29	7.0	9
	c. Other	5	1.2	1
7	Nose & Throat	34	8.2	59
8	Speech	7	1.7	68
9	Lymphatic Glands	-	-	2
10	Heart	34	8.2	24
11	Lungs	68	16.4	16
12	Developmental -			
	a. Hernia	5	1.2	1
	b. Other	24	5.8	96
13	Orthopaedic -			
	a. Posture	2	0.5	4
	b. Feet	31	7.5	64
	c. Other	30	7.2	26
14	Nervous System -			
	a. Epilepsy	6	1.4	-
	b. Other	2	0.5	1
15	Psychological -			
	a. Development	76	18.4	23
	b. Stability	56	13.5	70
16	Abdomen	5	1.2	-
17	Other	39	9.4	9
TOTAL		1,265	305.8	697

B.

SCHOOL MEDICAL INSPECTIONS 1967

Defect Code No.	Defect or Disease	Requiring observa- tion. per 1,000 examined	Treatment and observa- tion	Treatment and obser- vation per 1,000 examined
4	Skin	3.4	103	24.9
5	Eyes - a. Vision	36.0	678	163.9
	b. Squint	0.7	157	37.9
	c. Other	0.5	6	1.4
6	Ears - a. Hearing	13.5	92	22.2
	b. Otitis Media	2.2	38	9.2
	c. Other	0.2	6	1.4
7	Nose and Throat	14.3	93	22.5
8	Speech	16.4	75	18.1
9	Lymphatic Glands	0.5	2	0.5
10	Heart	5.8	58	14.0
11	Lungs	3.9	84	20.3
12	Developmental -			
	a. Hernia	0.2	6	1.4
	b. Other	23.2	120	29.0
13	Orthopaedic			
	a. Posture	0.9	6	1.4
	b. Feet	15.5	95	23.0
	c. Other	6.3	56	13.5
14	Nervous System -			
	a. Epilepsy	-	6	1.4
	b. Other	0.2	3	0.7
15	Psychological -			
	a. Development	5.6	99	24.0
	b. Stability	16.9	126	30.4
16	Abdomen	-	5	1.2
17	Other	2.2	48	11.6
TOTAL		168.5	1,962	474.3

SCHOOL MEDICAL INSPECTIONS, 1967

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring treatment	Requiring observation
4	Skin	-	-
5	Eyes - a. Vision	3	-
	b. Squint	-	-
	c. Other	-	-
6	Ears - a. Hearing	-	2
	b. Otitis Media	-	-
	c. Other	-	-
7	Nose and Throat	-	1
8	Speech	-	2
9	Lymphatic Glands	-	-
10	Heart	-	-
11	Lungs	-	-
12	Developmental -		
	a. Hernia	-	-
	b. Other	-	-
13	Orthopaedic -		
	a. Posture	-	1
	b. Feet	-	-
	c.	1	-
14	Nervous System -		
	a. Epilipsy	-	1
	b. Other	-	-
15	Psychological -		
	a. Development	1	-
	b. Stability	6	3
16	Abdomen	-	-
17	Other	1	2

SCHOOL MEDICAL INSPECTIONS, 1967

Age Groups Inspected (by years of birth)	No. of Pupils Inspected	Number of Children found to require treatment (including cases under treatment, but excluding dental diseases and infestation with vermin)			Physical Condition		
		For defective vision (excluding squint)	For any other condition recorded	Total individual children requiring treatment	S (Satisfactory)	U (Unsatisfactory)	
1963 and later	45	2	6	7	45	Nil	
1962	544	6	75	81	544	Nil	
1961	844	14	136	148	843	1	
1960	59	8	10	16	59	Nil	
1959	27	4	4	6	27	Nil	
1958	24	2	6	8	24	Nil	
1957	11	1	4	4	11	Nil	
1956	677	114	121	200	677	Nil	
1955	540	86	90	156	540	Nil	
1954	131	34	33	53	131	Nil	
1953	519	90	59	130	519	Nil	
1952 and earlier	716	168	82	222	716	Nil	
TOTAL	4,137	529	626	1,031	4,136	1	

Supervision cases 3,922 Specials 32

ROUTINE AUDIOMETRIC AND VISION TESTING

Vision testing of 5 year olds in school:-

Routines

Number Tested	No Action	Referred to Eye Clinic	Re-Test	Wearing Glasses Satisfactory	Glasses Referred to Eye Clinic
1,069	753	73	220	23	-

Specials

Number Tested	No Action	Referred to Eye Clinic	Re-Test	Wearing Glasses Satisfactory	Glasses Referred to Eye Clinic
397	186	37	149	21	4

Vision testing of 9 year olds in school:-

Routines

Number Tested	No Action	Referred to Eye Clinic	Re-Test	Wearing Glasses Satisfactory	Glasses Referred to Eye Clinic
1,208	800	71	259	75	3

HEARING TESTS

Hearing tests of 5 year olds and Specials

	Number Tested	Referred to School Medical Officer	Referred for Re-Test	Number without Hearing loss	Cases of Confirmed Deafness No.	%
Routine Examinations	1,078	24	216	238	6	0.55
Special Examinations	1,183	61	539	583	8	0.67
TOTAL	2,261	85	755	1,421	14	0.62

Verminous Condition:

During the year 15,075 examinations were carried out, and 229 pupils, or 1.5% of the pupils inspected, were found to be infested to some degree.

Minor Ailments:

During the year 114 children attended the minor ailments clinic at Parkinson Avenue where minor dressings and treatments are carried out.

School Clinic:

The following table shows the number of children who attended the three weekly clinics

2

2

Treatment of Defects

The procedure for the disposal is unaltered.

Disposal of new cases found at routine inspection in 1967

Number of cases referred to G.P.'s	51
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Of these the following action was taken -

Number of cases referred to specialists	27
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Treated by G.P.'s	4
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No treatment necessary	2
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No reply from G.P.'s or No. of cases pending	18
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Number of cases referred to specialist by School Medical Officer .	17
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Number of cases referred to eye clinic	122
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Number of cases attended eye clinic	105
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Number of cases awaiting appointment at eye clinic	14
--	----

Persistent refusals and discharged from eye clinic	3
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Eye Clinic

Out of a total of 1,717 children who attended the eye clinics during the year 712 children were prescribed glasses.

Ear, Nose and Throat Defects

161 known children had operations for tonsils and adenoids.

Ultra-Violet Light Treatment

During the winter months there were 58 sessions held at the two clinics. A total of 158 attendances were made. 10 children attended for the first time.

The following table illustrates the position concerning handicapped pupils in the Borough as on 31st December, 1967.

Category	New cases ascertained	Cases removed from register	Remaining on register at end of year	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	Not at school	Number awaiting admission schools
Blind	-	-	-	-	-	-	-	-
Partially sighted	-	-	1	0.07	1	-	-	-
Deaf	-	2	6	0.40	5	-	1	1
Partial hearing	8	7	19	1.27	-	19	-	-
Delicate	3	4	20	1.34	-	20	-	1
Physically handicapped	3	9	40	2.68	8	27	5	4
Educationally sub-normal	50	53	265	17.79	130	135	-	44
Maladjusted	3	3	10	0.67	3	6	1	4
Epileptic	2	2	4	0.27	-	4	-	-
With speech defects	5	39	89	5.97	1	88	-	-
TOTAL	74	119	454	30.48	148	299	7	54

DENTAL REPORT 1967

Apart from Mr. Clark, who was employed as a Dental Officer on a temporary basis for two months, there was no change in the number of Dental Officers working in the Borough of Scunthorpe during 1967. No applications were received for the post of Dental Officer. This meant that Riddings Dental Clinic was fully operational for only two months of the year. During the rest of the year Mr. Traynor and a Dental Auxiliary divided their clinical time between Ashby Clinic, operating for three days per week at Ashby and for two at Riddings.

During the year Miss Mason, Dental Auxiliary, resigned her appointment, and the vacancy created was filled by Miss S. Hopkinson.

The services of two Anaesthetists, Dr. North and Dr. Oakenfull are now available to the Borough on a sessional basis. With the exception of only one day in the week, emergency cases requiring general anaesthesia can be dealt with at one of the three clinics in the town.

In spite of the facilities offered, i.e. new clinics, good working conditions and housing, Dental Surgeons do not seem to be attracted to the School Dental Service in Scunthorpe. Out of date notions concerning Scunthorpe are not to be blamed for this, in view of the good publicity the town has received in recent years. Rather it is the conditions prevailing within the School Dental Service itself, which conditions are outside the control of the Local Authority. With the establishment of the new posts of Area Dental Officer, and Senior Dental Officer, a career structure has been created within the present framework, but nothing comparable to the career structures in the Hospital Service or other departments of Local Government. No matter how well qualified, a Dental Officer cannot attain Chief Officer status or remuneration. The service holds no appeal for those holding, or seeking, higher qualifications, and remuneration within it lags far behind that obtainable in general practice.

Dental Health

Again, in 1967, the Primary Schools in the Borough were visited by Dental Auxiliaries, to give instruction in Dental Health. It is hoped, by this method, to reach children who do not regularly visit a dentist. At some future time, oral hygiene and sound eating habits will become second nature, and a reduction in caries and toothache effected.

Table showing Dental Inspection and Treatment

Sessions devoted to:-	1967
Inspection	44
Treatment	1,080
Dental health education	326
Inspections:-	
A. First inspection at school	5,178
B. First inspection at clinic	1,027
C. Number of children re-inspected at school or clinic	117
Total inspected	6,322
Number of A & B found to require treatment	3,953
Number of C found to require treatment	100
Total found to require treatment	4,053
Number of A & B offered treatment	3,621
Attendances and treatment:-	
First visit	3,313
Subsequent visits	3,529
Total visits	6,842
Additional courses of treatment commenced	238
Fillings - permanent teeth	3,094
Fillings - deciduous	1,023
Permanent teeth filled	2,752
Deciduous teeth filled	967
Permanent teeth extracted	863
Deciduous teeth extracted	3,363
General anaesthetics	2,034
Emergencies	531
Number of pupils x-rayed	74
Prophylaxis	673
Teeth otherwise conserved	37
Number of teeth root filled	17
Inlays	4
Crowns	33
Courses of treatment completed	3,515
Orthodontics	
Cases remaining from previous year	11
Cases commenced during year	43

Continued.,

Cases completed during year	5
Cases discontinued during year	-
Number of removable appliances fitted	7
Number of fixed appliances	-
Pupils referred to hospital consultant	7

Prosthetics

Pupils supplied with F.U. or F.L. dentures	4
Pupils supplied with other dentures	24
Number of dentures supplied	31

Anaesthetics

General anaesthetics administered by dental officers	-
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Non-School Dental Work for Year 1967

M. & C.W.

A. Attendances and Treatment

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	313	71
Subsequent Visits	163	212
Total Visits	465	283
Number of Additional Courses of Treatment other than First Course commenced during year	25	15
Treatment provided during the year - Number of Fillings	184	47
Teeth Filled	141	46
Teeth Extracted	441	361
General Anaesthetics given	222	93
Emergency Visits by Patients	108	27
Patients X-Rayed	3	2
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prphylaxis)	5	24
Teeth Otherwise Concerved	3	-
Teeth Root Filled	-	-
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment completed during the Year	248	87

B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	14
Patients Supplied with Other Dentures	12
Number of Dentures Supplied	28

Continued..

Anaesthetics

General Anaesthetics Administered by Dental Officers Nil

Inspections

Number of Patients given First
Inspections During Year

Number of Patients in A and D above
who required Treatment

Number of Patients in B and E above
who were Offered Treatment

Number of Dental Officer Sessions Devoted
to Maternity and Child Welfare Patients

for Treatment

for Health Education

Children 0-4 (incl.)	Expectant and Nursing Mothers
245	78
182	64
182	64

48

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E REPORTS TO THE COMMITTEE

REPORTS

During the year reports were made to the Health & Welfare Committee on a variety of subjects and those not dealt with elsewhere have been gathered together in this section for convenience.

Luncheon Clubs for the Elderly

The meals on wheels scheme run by the R.W.V.S. in the Borough has already demonstrated the need for some form of meals service for the elderly and the various voluntary bodies dealing with the elderly have been agitating for a luncheon club service.

The first of the two reports which follow obtained the support of the committee in principle and the second obtained the support and co-operation of the voluntary bodies dealing with the elderly. A pilot scheme was prepared in detail and was ready to be launched but the financial support of the council was not obtained and luncheon clubs for the elderly become a non-starter for another year.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON LUNCHEON CLUBS FOR THE ELDERLY WITHIN THE BOROUGH OF SCUNTHORPE

The Scunthorpe Association for the Elderly is interested in bringing about the formation of a series of these clubs.

The legal position is dealt with in the 1962 Amendment of the National Assistance Act, 1948. Ministry Circular 12/62 which explains the Amendment Act is attached to this report, as are the relevant council minutes.

The present time is an opportune one for considering such schemes because it is likely that one or more of the community centres could be regularly used for this purpose.

It is recommended that the Committee approve in principle this new venture.

15th March 1967.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON LUNCHEON CLUBS
FOR THE ELDERLY WITHIN THE BOROUGH OF SCUNTHORPE

DEMAND

Following discussions with various voluntary organisations whose prime aim is the welfare of the elderly, we have found that each group feels that such a scheme is long overdue. Providing the meals are of a fairly high standard, the demand will more than likely attain proportions impossible to envisage at the present moment. The "Scunthorpe Association for the Elderly" are prepared to support the scheme and if necessary to donate towards the initial cost of getting the luncheon clubs started. The "Womens Royal Voluntary Service" have stated their willingness to take part, supplying voluntary labour for the serving of meals etc. They would also like to see the meals on wheels service amalgamated with the luncheon clubs especially if the meals provided were of a highly nutritious content, beneficial to the aged. Other voluntary bodies showing an active interest are the Salvation Army, whose "Darby and Joan Clubs" would benefit from this service, and the Congregational Church.

If the attendance figures are in proportion to the amount of interest shown, the project is certain of considerable success.

METHODS OF APPROACH

There are three methods of approach, each with its own advantages and disadvantages.

1. Central Kitchen

Supplied and run by the Health and Welfare Department, this has many advantages. The meals would be cooked to a high standard, and the menus laid out especially for the aged. A central kitchen in the first instance could be of a prefabricated construction, allowing for expansion at a later date. With this in mind, the equipment required to start such a scheme, could if necessary, be kept to the minimum. To off-set the advantages there is the initial cost and extra labour required to run the kitchen, although eventually it is bound to pay for itself.

2. Pre-packed Meals

This method would enable each voluntary group to prepare the meals in the Community Centres with the minimum of cooking facilities. It has the advantage of limited waste and ease of cooking, without previous preparation. The Ross Group are prepared to deliver the quantity required, daily.

A meal was provided by the Ross Group which was cooked and served in twenty five minutes. The quality of the food was very good.

The main disadvantages is the lack of variety in the ready cooked meat range. Price list and pamphlets are available.

3. Contract Out

Richard Thomas and Baldwins have been approached with a view to their

supplying meals, to the Health Department on a contract basis. With the nationalisation of the Steel Industry to take place on the 28th July, Richard Thomas and Baldwin have expressed the wish that such a scheme be left in abeyance until after Vesting Day, when they would be in a better position to view the scheme on a long term basis.

4. Expense

a) <u>Initial Expense</u>	-	Cost of Transport	£1,000
b) <u>Running Expenses</u>			

Working on a basis of 2/6d. per meal, this would work out as follows, approximately.

50 meals per day, per year @ 2/6d per head	£1,625
100 meals per day, per year @ 2/6d. per head	£3,250
200 meals per day, per year @ 2/6d. per head	£6,500

N.B. Annual wages of the Van Driver, approximately £1,000 to be added to the cost of the above totals in each case.

Income

The above totals are off-set by the charge to the pensioner of 10d. per day. e.g. per 100 meals @ 10d. = £4.5.4d. per day = £1,043. 6. 8d. per year.

Balance to be met by the authority per 100 meals per day, per year, including approximately £1,000 for wages of driver = £3,206. 13. 4d.

5. Suggestions

In the first instance, the luncheon clubs could be inaugurated into the already existing clubs for the elderly. The Health Department to sell the meals to the various voluntary organisations concerned. These voluntary organisations would serve the meal and do the washing up afterwards. As most of the clubs are held in the Community Centres the question of crockery and utensils does not arise, as these can be supplied by the Community Centres.

The containers for carrying the meals could be expensive, but I understand that the Civil Defence have a supply of these which are not in use at the moment, and could possibly be utilised.

Clinics and Health Centres

The short reports on this matter were occasioned by the change of attitude to the problem at ministry level. The proposal to build a clinic in the Westcliff area has been approved for several years and was finalised to the point of getting county approval for the final plans before applying for loan sanction when the credit squeeze and financial restrictions made it a pipe dream for a few years. A new look at the whole project became necessary and a slightly different schedule of accommodation requirements will have to be worked out.

A meeting of officers from the Borough, the county, the Sheffield Regional Hospital Board and of representatives from the dentists, the chemists and the doctors was held and the idea of a large health centre was discussed and clarified. At present it seems possible that a scheme involving the provision of two large Health Centres dealing with a population of about 35,000 each would be a reasonable and acceptable one for Scunthorpe.

REPORT OF MEDICAL OFFICER OF HEALTH ON HEALTH CENTRES IN THE BOROUGH.

1. Health Centres in General

It is possible that the Ministry may give favourable consideration to the building of a large type Health Centre which would provide any or all of the following services:-

- (a) General Medical Services,
- (b) General Dental Services,
- (c) Pharmaceutical Services,
- (d) Part III Service under the National Health Service Act,
- (e) Hospital Out-Patient Services,
- (f) Health Education,
- (g) School Health Services.

Such a Centre might well cater for the whole population of Scunthorpe if sited properly on the main 'bus routes, and a site as near as possible to the junction of Ashby Road and Ashby High Street, if obtainable, might be considered.

The planning of such a Centre requires the co-operation of many different bodies and it is probable that the County Council might be the most suitable body to exercise the co-ordination. An initial step might be to have a joint meeting with the County Council on this matter. Health Centres are a delegated function under the approved Delegation Scheme.

2. Proposed Westcliff Health Centre/Clinic.

The proposed Westcliff Clinic as agreed by the County and Borough Councils has no provision for General Medical Practitioner accommodation. When originally planned and approved there was no hope of Ministry approval of such accommodation and other arrangements had to be made.

It now appears probable that General Medical Practitioner accommodation might well be approved by the Ministry and if this is so then some re-thinking and re-planning of the project is necessary. It is recommended that the further observations of the County Council be sought.

3. Present Westcliff Temporary Clinic

In accordance with the wishes of the Committee application has been made for a shop to serve as a clinic so that the flat at present being used can be returned to the Housing Department.

The Architect may be in a position to report on suitability for and cost of alterations. The Treasurer may be in a position to report on the financial considerations involved in the proposed move.

If the Committee decide to make the move it may be that a meeting with the County Council is indicated or that the approval of the County Council might be necessary.

4. Berkeley Temporary Clinic

The Church of the Resurrection is building a new Hall and it is probable that facilities might be improved when the building is completed.

January, 1967.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON HEALTH CENTRES

I refer to my previous reports of September, 1966 and January, 1967

The development of a Health Centre in Scunthorpe is a possibility when provision is made for permanent facilities at Westcliff. As yet, no decision can be made regarding planning and estimate provision, until the following policy decisions are made:-

1. Is provision to be made for accommodation for General Practitioners, and if so to what extent?
2. Will provision be made for planned accommodation for a Family Planning Unit?
3. Are pharmaceutical services to be included?

June 1967

Accommodation in the Health & Welfare Dept.

This report is yet another in a series keeping the committee informed, but unfortunately not achieving much progress.

HEALTH COMMITTEE - 5TH JUNE, 1967

REPORT OF THE MEDICAL OFFICER OF HEALTH ON ACCOMMODATION - HEALTH & WELFARE I

I refer to my report of January, 1965, on Staff Accommodation and my report of February, 1966, on Garage Accommodation, and would draw the Committee's attention to the following points:-

1. The present premises are too small and in a number of cases difficulty is experienced in conforming with the Offices, Shops and Railway Premises Act, 1963.
2. Insufficient garage and parking accommodation is available for vehicles which are essentially required to be accommodated on the premises.
3. Insufficient storage space for essential stores, equipment, etc., which should normally be kept at the Health and Welfare Department Offices.

The Committee's instructions are requested.
June 1967.

MATERNITY UNIT EARLY DISCHARGE SCHEME

New conditions require new attitudes and flexible and resilient services and the following report outlines a practical scheme which would promote the best interests of the patients.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON AN EARLY DISCHARGE MATERNITY
UNIT SCHEME FOR SCUNTHORPE

This scheme should not be confused with the somewhat similar 48 hour discharge service which is already in operation to a limited extent. The 48 hour discharge scheme is more commonly applied to mothers who have been the responsibility of the G.P. and the Hospital for Antenatal and delivery purposes and who have therefore not booked a midwife.

A scheme somewhat similar to this was brought to the notice of the Borough Health Committee in January and April, 1964.

The modern trend for mothers with no social or medical difficulties to be booked for hospital confinement and a short period of post natal hospital care is the accepted pattern of today.

This is causing an increase in the number of hospital deliveries and a decrease in domiciliary deliveries but because of the short stay in hospital it is not reducing the domiciliary midwife's work commensurably. The hospital midwife's work is increasing considerably.

From the point of view of the patient, continuity of care by the same nurse and doctors is a most desirable thing and the biggest disadvantage in the new trend is that the continuity of care is lost at the most important time, the delivery, when hospital staff take over.

If a scheme could be arranged whereby domiciliary midwives were allowed to take these cases into the maternity hospital, complete the delivery and later collect the patient and take her back home and continue her nursing care, then this difficulty would be overcome, the domiciliary midwife would retain a professional interest in the case and do the work for which she is trained, and the hospital midwives would be relieved of a great deal of work.

The relevant figures for the last five years are given in the table below:-

<u>Year</u>	<u>Domiciliary Births</u>	<u>Maternity Home</u>	<u>Total Births in Scunthorpe</u>
1962	494	975	1469
1963	421	945	1366
1964	422	1040	1462
1965	314	1069	1383
1966	262	1075	1337

It is of course possible to outline several different methods of dealing with this new problem but the following simple one has been outlined as being suitable for Scunthorpe and also as having as its primary aim the best interests of the mothers and babies involved:-

Normal domiciliary midwifery is included under parts 3 and 4 of the National Health Service Act 1946 and is the responsibility of the General Practitioner and the District Midwife. It is the right of the mother-to-be to book independently either a midwife or a doctor or both or neither. Normal domiciliary midwifery is not included under part 2 of the National Health Service Act and is therefore not the responsibility of the consultant in midwifery nor of the hospital service.

Hospitals and hospital beds are the responsibility of the Regional Hospital Boards and the Hospital Management Committees and all patients become the responsibility of the Hospital authorities as soon as they are admitted to Hospital. All the staff working in hospitals are the responsibility of the Hospital Management Committee or the Hospital Board and therefore should be working under their direction and control.

If the Hospital Authorities could make available a few beds and a delivery unit and the General Practitioner and Midwife could be left responsible for bringing the patient in, conducting the delivery and taking the mother and baby back home again as soon as possible then the advantages of hospitalization would be achieved along with the advantages of continuity of care and responsibility by the General Practitioner and Midwife. The mother and child would be happy to have the same team dealing with them during the months of pregnancy, during the actual delivery of the baby and during the lying-in period when they are recovering.

The present time is a suitable time for bringing into operation such a plan because of the proposed increased number of beds for midwifery which takes place due to the new developments at the hospital.

A unit of about five beds plus a small labour ward made available at the Brumby Wood Lane Maternity Home would almost certainly be sufficient to cover the demand for this scheme for Borough patients. Such a scheme would require the co-operation and goodwill of several administrative bodies, these are:-

1. Sheffield Regional Hospital Board.
2. Scunthorpe Hospital Management Committee
3. Lindsey County Council
4. The Borough of Scunthorpe
5. The Executive Committee.
6. General Practitioners.

With so many administrative bodies involved the difficulties will be mainly administrative and unless dealt with in a spirit of co-operation will be insurmountable. However, the basic plan is simple and could be put into operation in a very short time if the good will on all sides is forthcoming.

Such a scheme should of course apply to the drawage area of the Maternity Home and not be restricted by Local boundary considerations.

A planned Maternity Unit of 4 - 5 beds with labour ward attached would be adequate, along with a small store cupboard to hold linen (marked unit) comprising sheets, drawsheets, towels, trolley and covers.

Small recess on the corridor or use of central kitchen to make drink for patient after delivery.

Extra trolley with waste container should patient have to be delivered in 4 - 5 unit. The bed to be used should be the one alongside the wash bowl for scrubbing up.

Laundry stand to hold sluiced linen ready for collection
Equipment and drugs to be used from the midwives bag as on district
also maternity pack Emergency pack to be kept in the labour ward .

Trilene machine to be carried by midwife as is the practice on the district.

Small desk in maternity units to hold Midwives Register, to be entered up as regulations demand.

Day book to record time of patient's admission, time midwife left the case and handed over to ward sister. Signed by both. Record of patient's discharge and condition signed by the doctor.

Rules

All linen to be marked. Unit linen checked by midwife weekly.

Labour ward to be left clean, bed and trolley to be left ready for next patient. After delivery, patient's home to be ready with warm room and bed.

Midwife to accompany patient in the ambulance. If midwife is off duty or on other duties, relief staff to take over.

Midwife must not work or accept any other responsibility other than her own patient whilst in hospital or with the ambulance.

Should a patient during labour require to be admitted to any other part of the hospital. The midwife would then hand over the patient's ante-natal and labour records at the same time for information of patient's treatment and progress. The discharge of this patient would then be decided by the Consultant or Medical Practitioner.

March 1967

USE OF ANCILLARY STAFF & DISPOSABLE EQUIPMENT IN THE NURSING SERVICES

Ministry circulars 3/67 and 12/65 asked for the comments of local authorities on ancillary staff and on disposables and these comments were embodied in this report.

REPORT OF MEDICAL OFFICER OF HEALTH ON MINISTRY CIRCULARS 3/67 & 12/65

Use of ancillary Help in local authority nursing services

A continuous scrutiny of the domiciliary nursing services has taken place since the introduction of the Health and Welfare delegation scheme and no separate study of the problem seemed necessary. This authority has had to steadily increase its district nursing staff and has introduced bathing attendants as ancillaries to the nurses. There are now four part time bathing attendants who relieve the trained nurses of a great deal of routine work. These are deployed by the Senior Nursing Officer and collaborate with the nurses.

It has been considered safer to keep to S.R.N. District Nurses as far as possible because of the amount of injection work required and because of the almost complete independence the district nurse enjoys when on the district.

However, out of an establishment of sixteen district nurses, two are S.E.A.N. qualified only. Up till recently there were three, but one asked to be transferred from the district work to part-time clinic work because she felt that the strain of district work was becoming too much for her. The S.E.A.N. nurses carry the full load of district work and no distinction is made.

At present a new problem is arising and is being considered. In some of the old folks dwellings the old person is unable to undress and get to bed unaided and where there are no available relatives or neighbours the district nurse has been doing this work. If the numbers increase then a separate staff of unqualified helpers may be formed. The work falls more in line with nursing duties than with home help duties, but could well be undertaken by unqualified assistants.

Use of modern techniques in local authority nursing services

The 1965 Circular specifically recommends the following modern techniques to local authorities as methods of improving the services:-

1. Disposable equipment
2. Laundry Services
3. Ancillary Staff
4. Central Sterile Supplies

1. Disposable equipment

This has already been implemented, is under constant review and the list of such articles is continually being altered to suit conditions in the Borough. The present list of disposables available to the nurses on demand includes all the following items:-

Incontinence Pads
Syringes,
Gloves and Sterile Gloves
Sputum Cups
Paper Dressing Towels
Refuse Bags for Dirty Dressings
Masks
Mucus Extractors
Paper Delivery Caps and Gowns
48 hour Maternity Packs - for 48 hour discharges
Maternity Packs - for complete home delivery.

Doctors also supply disposable enemas and sterile dressing packs on prescription as required by the patient.

2. Laundry Services.

An essential laundry service is in operation which delivers and collects free supplies of draw sheets.

3. Ancillary Staff

The use of ancillary staff has been steadily developed in various ways as necessary.

(a) Bathing Service Four part-time bathing attendants take over from the district nurses where cleanliness is the main difficulty and old frail persons are usually bathed in their homes weekly.

(b) Premature Baby Service. Three of the midwives have received special training in the care of premature babies and this service is brought into operation whenever necessary, usually one midwife is required to spend her full-time on this work.

(c) Marie Curie Service for the care of cancer patients. This excellent service is used whenever necessary and is staffed by a panel of part-time volunteers with varied qualifications. The service is designed to supplement the work of the district nurses in dealing with the more difficult cases when the demand on the nurses time becomes excessive.

(d) Chiropody Service Three full time Chiropodists do home visiting and this has an effect on the work of the district nurses.

The various other social workers for the handicapped, the welfare workers and the home help service, are in close liaison with the nurses and help and information is freely shared.

At the moment three experienced nurses are working as Geriatric Visitors and it is expected that this service will grow considerably and help the work of the district midwife.

A male district nurse will be appointed shortly to help in the nursing of male genito urinary cases on the district.

4. Central Sterile Supplies. These are issued in the form of wound dressing packs, maternity packs and minor dressing packs. No central sterilising unit is run because the demand does not at present appear to justify the expenditure likely to be involved.

14th March, 1967

CARE OF THE DEAF AND HARD OF HEARING

Last year two reports on this subject were produced and this year yet another report dealing with deficiencies in the service for the hard of hearing has been necessary. A few improvements are now occurring and the Hospital authorities have allowed the batteries to be distributed free from all the Local Authority Health Clinics in the Town. The number of Welfare officers permitted by Lindsey County Council is still far too low and is well below the standards they allow for the rest of the county and of course well below any suggested national levels. The County Officers are continuing to be unco-operative in this instance so far as the transfer of information required to keep the borough registers of deaf and hard of hearing up to date is concerned. So much so that I no longer ask for the information which they may have on their lists. The Borough has asked regularly each year for permission to appoint an officer to deal with welfare of the deaf and hard of hearing and has as regularly been turned down by the county.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON SERVICES AND FACILITIES FOR THE HARD OF HEARING WITH SPECIAL REFERENCE TO SCUNTHORPE

1. The majority of the Hard of Hearing are elderly persons.
2. At the present time it is impossible to give an estimate as to the Hard of Hearing within the Borough. Last year 141 hearing aids were issued by the County Hospital to clients within the Borough.
3. Issue of Medresco Hearing Aids
After recommendation by the Ear Nose & Throat Specialist at Scunthorpe Hospital, clients are referred to the County Hospital, Lincoln, for issue of aids.

4. Issue of Batteries

Batteries are issued free, on a Monday from 10.30 - 12.30 a.m. at the Scunthorpe War Memorial Hospital.

5. Repair of Medresco Hearing Aids.

The repair of aids are carried out at Lincoln only. Same day service if the user, or a relative, takes the instrument, if posted, a matter of three to four days, depending on the post.

6. Domiciliary Visits.

No domiciliary visits are made by the Hearing Aid Staff. Home or bed bound patients have their aids sent to them by post. As no mould can be made of the ear, for these cases, a telephone type receiver is issued.

7. Follow up of Cases

No follow up service exists. It is left to the client to arrange for any service he may require.

8. Hard of Hearing Club

There is, at the present time, no Hard of Hearing Club within the Borough. This was disbanded owing to lack of suitable premises.

9. Welfare Officers

Article 7 of the County Scheme relates to officers to do the work and two standards are given. The minimum one is one officer for 120 persons on the registers. In the Borough the number on the registers are as follows:

Mentally Handicapped	-	601
Blind and Partially Sighted	-	178
Physically Handicapped	-	224
Deaf and Hard of Hearing	-	<u>44</u>
Total		<u>1047</u>

There is a total of five welfare officers on the establishment to serve this number whereas by county standards there should be eight or nine officers. If the Mentally Handicapped are excluded from the total, with the officers, then a total of 446 handicapped is dealt with by an establishment of two welfare officers when there should be four by county standards.

Summary

The local Deaf Club in Scunthorpe is used only Wednesday and Saturday evenings. The Hard of Hearing Club could be started again, using these premises, but keeping their club as a separate entity.

Many users of the Medresco Hearing Aid are dis-satisfied with the present arrangements for service and issue of batteries. The unsatisfactory servicing arrangements have led in many cases, to loss of work and discarding of Hearing Aid.

When a Hearing Aid is discarded, the reason given is often very trivial. Examples are: ear mould not fitting satisfactorily, battery run down, wire loose and difficulty in obtaining refills.

It would be a help for the Hard of Hearing to be able to visit a clinic locally for batteries, advice, repairs or exchange facilities.

Recommendations

1. That a Hard of Hearing Clinic be established within the Borough where Hearing Aids can be issued, fitted and repaired.
2. That hearing aid batteries be issued free from each of the Local Authority Health Clinics at suitable times.
3. That provision be made for domiciliary visits and fitting.
4. That the Audiometrician receive training in the use and fitting of Medresco Hearing Aids.
5. That the Hard of Hearing Club be restarted in the Deaf Club centre.
6. That the Borough establishment of welfare officers for the handicapped be increased by two.

March 1967.

Cold Injury

This type of injury has been receiving increased attention during the last few years and it is now accepted that in the old and the very young a very real risk to life exists which is easily overlooked because of the lack of obvious signs and symptoms.

In Scunthorpe the Clean Air programme is making a great deal of progress with its smoke control areas and a considerable part of the town is already subject to these restrictions.

Last year there was a shortage of approved smokeless fuels among some of the distributors, and this shortage coincided with a period of extremely cold weather. This very minor problem occasioned a veritable barrage of Public statements by Councillors and Officers who should have known better which caused fright and dismay among the public who appeared to be faced with the choice of freezing to death or being prosecuted. During this period it was necessary to remove one small baby to hospital because of cold injury. The two leaflets referred are those of the M. and C.W. Association on Cold Injury in the new born and on Neonatal cold injury.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON COLD INJURY

I refer to the two leaflets circulated to the Committee. These are being distributed by the department at clinics and elsewhere.

It is advised that the Committee agree a policy regarding statements in the press on the use of non-approved fuels in times of stress or scarcity, in view of the serious contradictions between the officers, the members, the Member of Parliament and members of other local authorities on this matter previously.

October, 1967.

Day Nursery

The Borough is continuing its investigation into the advisability of setting up a Day Nursery and the likely demand was investigated. The report gives the demand as assessed by the number of persons who were sufficiently interested to reply to publicity asking for this information. A copy of the advert is included.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE DAY NURSERY SURVEY UP TO 15th MARCH, 1967

AGES	0 - 1	1 - 2	2 - 3	3 - 4	4 - 5	<u>Grand Total</u>
Half Day Total	15	13	32	37	14	111
Full Day Total	20	20	29	35	9	113
TOTAL						<u>224</u>

BOROUGH OF SCUNTHORPE
NOTICE TO PARENTS OF YOUNG CHILDREN

The Health Committee is conducting
a survey to ascertain whether there
is sufficient demand for a

DAY NURSERY

in

SCUNTHORPE

If you are interested, please complete
the form below and return to the M.O.H.
Comforts Avenue, Scunthorpe (or this Clinic)

Cut off

NAME _____

ADDRESS _____

Number of Children _____

Ages _____

Full Day or Half Day _____

REORGANISATION OF THE HEALTH & WELFARE DEPARTMENT

Scunthorpe has grown very rapidly in the last twenty years from a population of 47,000 to one of 70,000. This growth especially with the added responsibility of the compulsory delegation to the Borough of Education, Health, and Welfare has had a profound effect on the Health & Welfare Department. The Medical Officer of Health moved from being a part-time officer having merely the use of an office and clerical assistance to being a Full-time officer responsible for appointing staff and for the administration of the department. The Chief Public Health Inspector moved from the position of being the most senior and most important full time officer in the department responsible for clerical staff and for administration to that of district work and supervision of the Public Health Inspectors. At the same time he had been responsible for refuse and salvage and public conveniences which had grown to be a full time job for one qualified person and which occupied most of his time. An O & M Investigation had already advised that refuse and salvage should be a separate department and Ministry Circulars indicated that in a

town as large as Scunthorpe it should be separate full time job. The Borough works study team also investigated and advised that the department should be split and that the separation should remove only the refuse and salvage and public conveniences and this advice was embodied in the report of the administrative officer.

The Chairman of the committee became very personally involved in this issue to the extent of writing his own report and presenting it to the sub-committee, which reached the following decision when he was in the chair.

Minutes of a Meeting of the Health Sub-Committee held on the 18th May 1967

Minute

2. REORGANISATION OF THE HEALTH & WELFARE DEPARTMENT

The Sub Committee considered the report of the Administration Officer on the Reorganisation of the Health and Welfare Department together with the report of the Chairman.

RESOLVED:-

- (a) That the recommendations contained in the report of the Administrative Officer be not accepted; and
- (b) That the proposals outlined in the Chairman's report, as now amended, be accepted subject to the observations of the Medical Officer of Health.

My own recommendations were simply that refuse and salvage and public conveniences be removed from the Health and Welfare Department and that the public Health Inspector's section be reorganised on the basis of a senior Public Health Inspector in charge of each of three areas with an ordinary public health inspector and one pupil as additional staff in each area. All the clerical work to be handled by the general office and the post of C.P.H.I. to be abolished.

The Chairman's proposals merely had the effect of turning the clock back and perpetuating the old arrangement for a few more years. This arrangement must of its nature be very temporary indeed because the considerations of efficiency, economy and increased productivity which occasioned the officers reports are rapidly becoming more imperative in their directives that changes must come.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE DECISION OF THE SUB-
COMMITTEE OF 18TH MAY, 1967, RELATING TO MINUTE 27 of the HEALTH
COMMITTEE OF 11TH JULY, 1966.

The Chairman has asked me to report in writing on this decision of the Sub Committee, which I did not attend.

I have copies of two reports which were presented to the Sub-Committee one was issued by the committee chairman Councillor Duffelen and the order was prepared by the Borough Administration Officer, Mr. Richardson.

The reports are contradictory in that their proposals are mutually exclusive.

I understand that the Committee approved the report issued by the Chairman.

I myself favour the report and recommendations of Mr. Richardson because they are in accordance with the Minute 27 of 11th July, 1966, which approves in principle the setting up of a separate department and also because they are in accord with the recommendations of the independent O & M investigation and report carried out in 1961 and with the views of the Town Clerk on the legal interpretations of the Public Health Officers Regulations of 1959 and with the overall recommendations of Mr. Richardson on the integration of the Borough Transport System.

There is universal agreement that the department and the Borough would benefit from the implementation of the Minute of 1966 and all the officers, with the some what natural exception of the Chief Public Health Inspector, favour the removal from the Health Department of all the services carried out from the Cleansing Department in Cottage Beck Road.

As regards the Chairmans report, I suggest that the new term Environmental Health Officer is a mistake because it derogates the position and duties of the statutory post of Public Health Inspector.

I also suggest that a deputy at the Cleansing Department should have the recommended qualification for Cleansing Superintendents and this the deputy Chief Public Health Inspector does not have.

I suggest that much of the report deals with departmental detail which can be adequately dealt with by the proper administrative channels which are available and that it might well be considered a misuse of the normal committee procedure to attempt to force such material through the committee machinery.

Much of this detail is an attempt to re-introduce administrative practices which are obsolete and have already been discontinued for years and I suggest that the present efficient running of the department will be seriously prejudiced by any attempt to implement this detail.

I suggest that the regulations governing my contact with some of the staff within the Health Department are considerably more restrictive than even the normal facilities for communication between chief officers of one department and subsidiary officers in other departments permitted by good manners and normal practice.

I suggest that the report does not have the practical effect of forming two departments but merely of attempting to turn the clock back to the type of establishment which suited an urban district of up to about half the present population of the Borough in which the Chief Public Health Inspector for purposes of economy could also be Surveyor and Engineer and Cleansing Superintendent. Those days are gone.

I now draw the Committee's attention to the extraordinary position in which the Chairman has managed to place me. By his action in writing a report to the Sub-Committee on a matter on which the Sub-Committee had not yet decided he has lowered himself to the position of an officer whose report and opinions can be criticised in detail, but with the advantage that he can also vote and use his position as Chairman to sway the Committee to his views. So far as orderly conduct is concerned the Committee is in the hands of the Chairman but so far as decisions are concerned, in the time honoured interests of Democracy the Chairman is in the hands of the Committee. By his instruction to me that I report on the action of the Sub-Committee after it has decided, he has handed to me some of his own responsibilities as Chairman without any of the advantages accruing to that position and with all the disadvantages attached to my position as an officer expressing an opinion on a matter already decided by the Committee.

I have never before had experience of a Chairman issuing a written report to a Committee on a matter which the Committee had not yet had an opportunity to consider, in opposition to the report of an officer of the Borough and would suggest that in such a situation the officer must invariably lose the vote on the short term aspect and the Chairman must invariably lose the respect and confidence of both the Committee Members and the officer in the long term aspect.

If the Sub-Committee decision is implemented I advise that especially in the fields of Infectious Diseases, Food Poisoning, Water and Milk borne diseases and the control of epidemics the new conditions will so hamper my sources of information and actions that I cannot hope to maintain in future the very high degree of protection and prevention which has been maintained by the Department for the past 18 years or so.

5/6/67.

HUMBERSIDE REPORT

During the year the Yorkshire and Humbershire economic planning council issued a report called a "Review of Yorkshire and Humberside" which included

a certain amount of information and opinion regarding Scunthorpe. The Borough Council were very interested in this report and asked for the Medical Officer's comments on some of the statements in the report which had any medical bearing. This occasioned two different reports which are not particularly easy to understand unless they are read in close association with the actual review. However, they are both produced in full. Part A of the first report gives the medical aspects. Part B giving the environmental aspects was subscribed by the Chief Public Health Inspector. The second report relates entirely to the question of the vital statistics especially those of infant mortality raised by the review. The graphs given with the report only deal with some 14 years but a more complete picture is given in the graph showing the infant mortality rate for Scunthorpe and for England and Wales from 1921 to the present day which is included elsewhere.

Scunthorpe has not been very generously treated by the Sheffield Regional Hospital Board and the number of beds in psychiatry, geriatrics and paediatrics has not increased in ratio with the population. There is a lack of valid and reliable information in the country as a whole regarding the actual number of beds necessary to supply the demands of the population. In theory the supply should be adequate to cope with all emergencies such as epidemics or disasters but in practice this is not so, as was shown in the last influenza epidemic in the country, when the demand far outstripped the supply. However a reasonable norm should allow for a peak demand annually plus a reasonable percentage excess for emergencies, over and above this peak. The only way to acquire valid figures is to take a moderate sized town in a somewhat isolated position which has reasonably good Medical and Welfare services, such as a good general practitioners service, a good midwifery service, a good district nursing service, an efficient home help service, a good mental welfare officers service and a good geriatric welfare service, and give it considerable excess of hospital beds and keep adding to these beds until there is at least 10% of unoccupied beds at peak periods in average years. This would give the demand some chance to stabilise so that the supply side could be estimated with some degree of accuracy. Scunthorpe is such a town where such a scheme could well be put into operation at relatively small cost. If this were done for paediatric beds also it is likely that the true demand would be found to be much higher than the rule of thumb estimates now used indicate. It would also in my opinion reduce the local infant mortality rate to well below the national figure.

Hospital beds are one of the very few commodities where demand appears to have no relation to supply under the nationalised Board set-up. In the nationalised Electricity and Gas Boards supply fell below peak demand once or twice in the last few years and the resulting blackouts and power failures caused so much public concern that this has been rectified for the moment, and supply does in fact meet peak demand.

The supply of hospital beds has fallen far below demand as is proved by the lengthening waiting lists, and the difficulty of getting old people into hospital. But no effective reaction occurs. Could it be that the Regional Boards are in fact distant and disinterested as I have already suggested.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON "A REVIEW OF YORKSHIRE AND HUMBERSIDE".

The statement in paragraph 388 that "there is considerable statistical evidence that the health record of the working population in Yorkshire and Humberside is somewhat worse than the national average" is rendered almost meaningless by the fact that "occupational stress, especially in heavy industry and coalmining" is postulated in the next sentence as a factor in causing this. If the work performed in the region is harder than elsewhere, the information that more people are oftener unfit for it is an almost certain consequence.

Paragraph 389 stresses the importance of the post neo-natal death rate as a measure of the effect of the environment on the health of the population. The figure for Scunthorpe, averaged over the five years from 1960-64 is 8.6, and this may be compared with the figures shown in Appendix A.34. It will be seen that only the figure for the Yorkshire Coalfield is higher than this. When the general standard of housing in Scunthorpe is compared with that of the rest of the region, it will be seen that many other factors must be coming into play, and that the attitude of the Report, in assuming an almost direct relationship between improved housing and low mortality figures, is a gross over-simplification of a complicated situation.

Paragraph 393 indicates that there are over thirty practising General Medical Practitioners in the Scunthorpe Borough, so that the average size of practice should be well below the maximum, and there is no reason to suppose that the district is undermanned by, or inefficiently served by, its General Medical Practitioners.

Paragraphs 394 to 398 deal with the hospital services of the area as a whole, and it will be noted that rather more is said about the future than the present. The statement in Paragraph 396, that "the emphasis will

be on improving services rather than on increasing the number of beds" requires some comment. A sick child needs a bed in hospital, and usually needs it quickly, in order that all resources of modern medicine may be fully utilised in the treatment of its condition. A few hours delay through non-availability of a bed can condemn a baby to death. It is there, at the bedside, that the vital decision between convalescence, which does not show on the mortality returns, and death which does, is taken. The relationship between housing standards and infantile mortality was established fifty years ago, when the infantile mortality rates were three or four times what they are and both hospitals and housing were, almost everywhere, bad by modern standards. In this day and age the quality and quantity of hospital care in a region are much more decisive factors in the infant mortality returns than bad housing. In 1962 there were only 810.7 beds per 100,000 population in the Sheffield Hospital Board Region, compared with 1,015 for England and Wales, of which 11.8 were allocated to Paediatrics compared with 13.6 for England and Wales. It is regrettable that the Sheffield Regional Hospital Board seem content to allow this adverse ratio to continue.

Paragraphs 399 to 406 deal with the Health and Welfare Services, mostly in the future tense, and do not seem to apply to Scunthorpe. The suggestion in paragraph 401, that there is possibly an over-concentration of limited resources on maternity and child welfare services appears to be erroneous as it is vague. It is in the maternity and child welfare services that improvements must start, and it is in that field that they have mainly been made in Scunthorpe.

As far as the uneven distribution of facilities mentioned in Paragraph 477 affects Scunthorpe, it is only in the second category, hospitals, that Scunthorpe might be considered not to be getting a fair enough share of the proposed re-allocation.

Part B. Environmental Aspects

It would appear that the estimate of sub-standard dwellings has been taken from the 1961 census, and the following are extracts of the figures given.

	Cold Water		Houses Without Hot Water		Fixed Bath		Water Closet	
	Number	%	Number	%	Number	%	Number	%
Paragraph 326 (Total in Region)	17,963	1.16	298,023	19.38	377,544	24.55	213,381	13.87
Appendix A.30 South Humberside	3,637	4.1	18,654	21.2	18,538	21.1	7,397	8.4
1961 Census <u>SCUNTHORPE</u> <u>TOTAL</u> <u>LACKING</u>	199	1.02	1,575	8.05	1,689	8.63	229	1.17
Permanent Dwellings	91	0.47	1,462	7.54	1,573	8.11	113	0.58
Non- Permanent	108	89.26	109	90.08	112	92.56	116	95.87
Total Sharing. Permanent Dwellings.	2	0.23	2	0.23	5	0.58	4	0.46

REMARKS

Cold Water

In 1961 according to fairly accurate records that are available, only three houses lacked cold water from the mains. There were 194 houses with standpipes to each houses and 34 with taps in the wash-house.

In 1966, there was only one occupied house without mains supply, nineteen with standpipes and six with taps in the wash-house.

Out of the twenty-five houses mentioned, twenty-two are without sinks and three have sinks in the wash houses.

The one house without water is too far from the public mains to be so supplied and the breakdown of the reasons why the other twenty-five are not supplied is as follows:

- 1 - Empty house
- 1 - Owner going to make extensive alterations
- 1 - Property subject to road widening
- 4 - Life less than 10 years
- 4 - Recently removed from re-development plan
- 7 - Owned or occupied by old age pensioners with limited capital who state they are content to live as they do.
- 7 - Subject to negotiation with owners

The figure of ninety-one (permanent dwellings) lacking cold water cannot be explained. The 108 (non-permanent dwellings) stated to be lacking cold water supply are assumed to be the mobile houses in the Council's caravan site. The number of facilities is in accordance with the standard laid down in the Caravan Sites and Development Act.

The non-permanent dwellings are therefore not "lacking" a supply of cold water, but "sharing" same.

The number of non-permanent dwellings is given as 121 whilst the number without cold water is 108, leaving one to assume that thirteen caravans had water laid on in the van.

At the present time there are 155 caravans on two sites (113 municipal and 42 private) and all share cold water supplies to the recognised and 42 private) and all share cold water supplies to the recognised standard. There are 20 Showmen's caravans which also have mains water via a standpipe.

Water Closets

In 1961, there were only eight houses without water closets, and the present figure is seven. (Five houses are farm cottages and it is doubtful if they will be re-occupied and there is no available sewer for the remaining two).

These figures do not agree with the number of 113 permanent dwellings in the 1961 census, as houses lacking water closets.

In addition to the above, sixty-three houses at the present time have water closets but are not drained to a public sewer (fifty-two septic tanks: eleven cesspools). This figure is substantially the same as in 1961.

Hot Water Tap and Fixed Bath

A rapid survey of the town has been made in order to assess these facilities.

The figures in the 1961 census showed a total of 1,689 houses without fixed baths and a corresponding lower total of 1,575 without hot water. These figures would appear satisfactory in view of the fact that a number of the older houses have a fixed hot water heater or back boiler to supply hot water for a sink, but no bath.

The present assessment shows a total of approximately 1,100 houses without fixed baths. Out of this total, 600 are in areas of the town subject to redevelopment within the next fifteen years for car parking, etc., leaving a figure of 500 houses to be dealt with under improvement schemes.

Air Pollution from Industrial Cases.

Paragraph 4 refers to the fact that in the steel industry dominating South Yorkshire the Alkali Inspectorate has made notable achievement, "where in one works alone over £1,000,000 has been spent on reducing smoke emission".

The amount of smoke from the steel industries in Scunthorpe has practically disappeared. Occasional "slips" on the blast furnaces and the inefficient burning of crude oil in the steel processes causes black smoke to appear for small periods. Whilst smoke pollution is obvious near to the coke ovens, very little blows over the town. The conversion from steam locomotives to diesels by the works and by the British Railways has caused considerable diminution in localised industrial smoke pollution.

The iron and steel industries have made considerable progress and spent large sums of money in reducing pollution by fume which affects the inhabitants, in the air they breathe, the houses they live in, the streets and gardens they walk in and the clothes they wear.

Paragraph 6 refers to the comparison of smoke at Dishforth Airfield and states that as a result of a survey, the air reaching Dishforth from South Yorkshire had a smoke content of 107 units as compared with 26 units from the east, 27 from the west and 45 from the north.

The general average for the recording station in the centre of our first smoke control area - Riddings - was lower than 50 units throughout most of the year. During the summer months of 1965, the average was below 50 throughout the town, whilst that of the smoke control area was below 25 units.

Since daily records have been kept of the pollution of the air by smoke, there has been a notable decrease in pollution throughout the town.

January, 1967

REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE VITAL STATISTICS OF SCUNTHORPE, WITH REFERENCE TO THE YORKSHIRE AND HUMBERSIDE REVIEW

The relevant vital statistics for Scunthorpe Borough, from 1952, are shown in Appendix 'A', with the figures for England and Wales for Comparison. Appendix 'B' displays these statistics in graphic form. Appendix 'C' shows the same figures directly compared with those of England and Wales. Relative figures for two similar new towns are also given.

In Scunthorpe between a thousand and fifteen hundred births take

place each year compared with nearly a million in England and Wales. This difference in absolute numbers accounts for the steadiness of the trends shown in the figures for England and Wales, in contrast to the variability shown in the rates for Scunthorpe. Scunthorpe is small enough for a single infant death to show on its infant mortality graphs and this makes it more difficult to see definite trends in the figures. It is only when one cause is isolated and graphed that what appears to be a definite trend is occasionally visible in Scunthorpe's figures. An as example, the actual numbers of the infant deaths from pneumonia are shown for the relevant years. These deaths can be seen from the Appendix 'B' to have been falling steadily from 1952 onwards up to 1958. From 1958 the trend can be seen to be reversed and the deaths have steadily risen year by year until now they are higher than the 1952 figures were. That an explanation does exist for this reversal of the trends and that it was actually forecast before the trend did reverse is shown later in this report.

On the average, over the past 14 years, 3.21 more children, per thousand born, have died in Scunthorpe than in England and Wales as a whole. As 17,059 children have been born in that time, the excess deaths number 55. It is not because our figures are bad that these children have died: it is because these children have died that our figures are bad. If four infant lives had been saved every year, over the past 14 years, in Scunthorpe the figures would have been average, or slightly better than average.

That the opportunity exists to save more than this is attested to by the infant deaths occurring from only one cause, pneumonia. If the deaths from this disease had remained at the level they were in 1957 and 1958, 39 deaths would have been saved in the ensuing period, at the rate of over five per year. That I think that this could have been done follows from what I said in my Annual Report of 1959, from which)Page 26) I quote:

"These figures must be considered in association with the changes which the Regional Hospital Board made in the care and accommodation of local infectious diseases last year, and which caused such widespread local opposition. All three Medical Officers of Health in the areas involved were unanimous in advising their Councils that the changes would inevitably lead to an increase in the number of preventable deaths, especially in babies, and it is tragic that a distant and disinterested Board, which cannot even know about these deaths, should be in a position to gravely increase the risk to survival of Scunthorpe babies and to remain completely impervious to any possibility of being held responsible for these easily foreseeable results".

The probability of death from illness is the product, not the sum, of the probability that an illness occurs and the probability that the illness terminates in death. There is no definite evidence that Scunthorpe infants are more prone to illness than other infants elsewhere.

On the supposition that the needs of the children in the area - and here the Borough must be considered merely as part of a larger area-- are adequately catered for by the Regional Hospital Boards, it must be inferred that the children in this area are less prone to illness than those elsewhere, as fewer paediatric beds are made available for their treatment. (11.8 beds per 100,000 population in the Sheffield Region 13.6 beds per 100,000 population in England and Wales; or only 87 paediatric beds here for every 100 elsewhere).

But if the probability of a child becoming ill is lower than average in the area, and yet more children die of illness in the area, then it must follow, that there must be a higher probability of a child, ill in this area, dying than there is of a child, ill elsewhere in England and Wales, dying.

The Borough of Scunthorpe is not responsible for the treatment of sick children; the Borough's responsibility is that of ensuring that as few as possible become sick. From the way in which the Sheffield Hospital Regional allocate the resources of this region, it is to be assumed that they consider that the health services of Scunthorpe are functioning in a better-than-average manner.

The figures for Corby, another fast-growing steel town, are shown in Appendix 'A', and it will be noted that they are very similar to Scunthorpe's. But the rate of growth cannot be the operative factor here, as the figures for Harlow, a new town developing very quickly, are much better than the average for England and Wales.

A partial answer may be found in the mode of development of Corby and Scunthorpe on the one hand, and Harlow on the other: Corby and Scunthorpe have had to grow to keep pace with the growth of the steelworks; in Harlow, there has been planned development from the beginning, and the growth of industry has been in accordance with the rate of growth of the town. In Corby and Scunthorpe there would appear to be a continual lag in the development of necessary Health and Hospital services which is not apparent in the case of Harlow.

We know that there is a shortage of hospital beds throughout the country. We know that the available beds are almost fully occupied. We know that for every hundred beds in the rest of the country there are only 87 beds in the Sheffield Regional Board area. We know that for every hundred sick babies in hospital elsewhere only eighty seven can be admitted in this area. The extra mortality revealed in the Borough figures might well be occurring in this thirteen percentage of sick and deprived babies who must live or die without hope of hospitalisation simply because they happen to live in Scunthorpe.

APPENDIX 'A'

VITAL STATISTICS FOR SCUNTHORPE 1952-1965, WITH THOSE FOR
ENGLAND AND WALES FOR COMPARISON

Column I	Standardised death rate per 1,000 population.
Column II	Standardised birth rate per 1,000 population.
Column III	Infant Mortality Rate, or deaths of infants under one year old in the year, per 1,000 live births in that year.
Column IV	Neo-Natal Mortality Rate, or deaths of infants under four weeks old in the year, per 1,000 live births in that year.
Column V	Perinatal Mortality Rate, or deaths of infants under one week and stillbirths in any year, per 1,000 live and stillbirths in that year.
Column VI	Post-Neo-Natal Mortality, or deaths of infants between four weeks and one year per year, per 1,000 live births in that year.

YEAR	I SDR		II SBR		III IMR		IV NMR		V PMR		VI PNMR	
	E & W	S	E & W	S	E & W	S	E & W	S	E & W	S	E & W	S
1952	11.3	10.29	15.3	18.34	27.6	35.60	18.9	24.06	37.5	36.5	8.7	11.5
1953	11.4	11.60	15.5	18.41	26.8	21.69	17.7	10.38	37.0	24.5	9.1	11.3
1954	11.3	12.09	15.2	17.32	25.5	22.10.	17.7	11.51	38.1	33.5	8.8	10.6
1955	11.7	11.08	15.0	16.32	24.9	33.09	17.3	22.06	37.6	35.1	7.6	11.0
1956	11.7	12.49	15.7	17.48	23.7	26.53	16.8	20.12	36.8	43.9	6.9	6.4
1957	11.5	12.95	16.1	18.04	23.1	24.26	16.5	15.59	36.2	46.7	6.6	8.7
1958	11.7	13.60	16.4	17.84	22.6	25.77	16.2	18.90	35.1	36.2	6.4	6.9
1959	11.6	12.46	16.5	18.59	22.2	25.89	15.8	16.18	34.2	38.7	6.4	9.7
1960	11.5	12.87	17.1	18.99	21.9	21.74	15.6	12.42	32.9	38.5	6.3	9.3
1961	12.0	13.81	17.4	18.41	21.6	28.13	15.5	16.28	32.2	46.6	6.1	11.8
1962	11.9	13.06	18.0	19.30	21.6	25.61	15.1	19.38	30.8	40.5	6.5	6.3
1963	12.2	12.97	18.2	19.23	21.1	25.58	14.2	16.08	29.3	35.1	6.9	9.5
1964	11.3	12.41	18.4	20.39	19.9	22.56	13.8	14.35	28.2	23.55	6.1	8.2
1965	11.5	13.16	18.0	18.8	19.0	27.94	13.0	19.85	26.9	33.96	6.0	8.1

COMPARATIVE FIGURES FOR SCUNTHORPE, HARLOW AND CORBY, BEING
IN MOST CASES, THE AVERAGE FIGURES FOR 1960-1964

TOWN	POPULATION 1000	DR(S)	BR(S)	IMR	NNR	PERINATAL	POST NNR
Scunthorpe	67.3	13.0	19.26	24.7	16.1	36.6	8.6
Harlow	57.2	10.5	17.8	14.2	10.0	23.8	4.2
Corby	39.0	14.4	23.85	26.11	17.24	31.92	8.87

INFANT DEATHS FROM BRONCHOPNEUMONIA AND PNEUMONIA

<u>YEAR</u>	<u>NEO-NATAL</u>	<u>POST-NEO-NATAL</u>	<u>TOTAL</u>
1952	3	4	7
1953	2	7	9
1954	2	4	6
1955	2	4	6
1956	1	3	4
1957	1	-	1
1958	-	1	1
1959	-	5	5
1960	-	7	7
1961	-	3	3
1962	1	4	5
1963	3	8	11
1964	4	4	8
1965	2	5	7

APPENDIX 'C'

FIGURES FOR SCUNTHORPE, AS COMPARED WITH
ENGLAND AND WALES, WHICH IS 100 ON ALL OCCASIONS

<u>YEAR</u>	<u>DEATH RATE</u>	<u>BIRTH RATE</u>	<u>INFANT MORTALITY</u>	<u>NEO-NATAL</u>	<u>PERINATAL</u>	<u>POST- NEO-NATAL</u>
1952	91	120	139	127	97	132
1953	102	119	81	59	66	124
1954	107	114	87	65	88	120
1955	95	109	133	128	93	145
1956	106	111	112	120	119	93
1957	113	112	105	94	129	132
1958	116	109	114	117	103	108
1959	107	113	117	102	113	152
1960	112	111	99	87	117	148
1961	115	106	130	105	145	193
1962	110	107	119	128	131	97
1963	106	106	121	113	120	138
1964	110	111	113	104	84	134
1965	114	105	147	153	126	135



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